

## Child's personal record

2025/2026

Foyer scolaire: \_\_\_\_\_



Service Foyers scolaires

167. rue de Trèves L-2630 Luxembourg

### Child

National identification no. (matricule): \_\_\_\_\_

Surname: \_\_\_\_\_

First name: \_\_\_\_\_

Gender: Male  Female  Unspecified or other

Date of birth: \_\_\_\_\_

Place of birth: \_\_\_\_\_ Country of birth: \_\_\_\_\_

Address: House no.: \_\_\_\_\_ Street: \_\_\_\_\_

Postcode: \_\_\_\_\_ City/Town: \_\_\_\_\_

Country: \_\_\_\_\_

Nationality: \_\_\_\_\_

Languages spoken with the child: \_\_\_\_\_

Level of education:

City of Luxembourg school: Yes  No  School: \_\_\_\_\_ Cycle: \_\_\_\_\_

### Food choice

Menu of the day  Pork-free  Vegetarian

### Observations

• Illness/Allergy/Reported on/Intolerance: \_\_\_\_\_

Certificate: \_\_\_\_\_

Medication<sup>3</sup>: \_\_\_\_\_

Restriction: \_\_\_\_\_

• Illness/Allergy/Reported on/Intolerance: \_\_\_\_\_

Certificate: \_\_\_\_\_

Medication<sup>3</sup>: \_\_\_\_\_

Restriction: \_\_\_\_\_

• Illness/Allergy/Reported on/Intolerance: \_\_\_\_\_

Certificate: \_\_\_\_\_

Medication<sup>3</sup>: \_\_\_\_\_

Restriction: \_\_\_\_\_

### Social partners

• Institution: \_\_\_\_\_

Status: requested  being processed  closed

Comments: \_\_\_\_\_

Contact person

Surname First name: \_\_\_\_\_

@: \_\_\_\_\_

📞🏠: \_\_\_\_\_

- Institution: \_\_\_\_\_  
 Status: requested  being processed  closed   
 Comments: \_\_\_\_\_  
 Contact person  
 Surname First name: \_\_\_\_\_  
 @: \_\_\_\_\_  
 📞🏠: \_\_\_\_\_
- Institution: \_\_\_\_\_  
 Status: requested  being processed  closed   
 Comments: \_\_\_\_\_  
 Contact person  
 Surname First name: \_\_\_\_\_  
 @: \_\_\_\_\_  
 📞🏠: \_\_\_\_\_

### International asylum seeker status

Status: \_\_\_\_\_  
 Country: \_\_\_\_\_  
 Date of certificate: \_\_\_\_\_  
 Comments: \_\_\_\_\_

### Authorisation for photos/videos

Foyer scolaire staff may photograph and film your child during educational activities. These materials (circulated either in paper format, or electronically, i.e. online) may be published in connection with the educational work undertaken with children attending City of Luxembourg foyers scolaires. In accordance with the regulations in force, these publications may be shared with the Ministry of Education, Children and Youth (Ministère de l'Éducation nationale, de l'Enfance et de la Jeunesse).

We require your consent to photograph or film your child during foyer scolaire activities, and to publish such materials in connection with the educational work undertaken with children attending City of Luxembourg foyers scolaires. Granting your consent for the purposes mentioned above, or refusing to grant your consent for such purposes, is entirely up to you.

To grant your consent for the purposes listed below, please tick the relevant boxes:

1. Foyer scolaire's internal use (e.g. to illustrate the centre's daily activities)
2. Sharing with families (e.g. materials circulated to parents, and internal use)
3. External publications (e.g. publications through official City of Luxembourg and Ministry of Education, Children and Youth media channels)

Internal use: Yes  No  Circulations to parents: Yes  No   
 City of Luxembourg publications: Yes  No  Social media: Yes  No

### Persons responsible for the child <sup>1</sup>

- Relationship with the child: \_\_\_\_\_ Parental authority: Yes  No   
 National identification no. (matricule): \_\_\_\_\_  
 Surname: \_\_\_\_\_  
 First name: \_\_\_\_\_  
 Occupation: Yes  No   
 Comments: \_\_\_\_\_  
 Address: House no.: \_\_\_\_\_ Street: \_\_\_\_\_

Postcode: \_\_\_\_\_ City/Town: \_\_\_\_\_

Country: \_\_\_\_\_

@: \_\_\_\_\_

☎: \_\_\_\_\_ 🏠: \_\_\_\_\_ 🛠: \_\_\_\_\_

- Relationship with the child: \_\_\_\_\_ Parental authority: Yes  No

National identification no. (matricule): \_\_\_\_\_

Surname: \_\_\_\_\_

First name: \_\_\_\_\_

Occupation: Yes  No

Comments: \_\_\_\_\_

Address: House no.: \_\_\_\_\_ Street: \_\_\_\_\_

Postcode: \_\_\_\_\_ City/Town: \_\_\_\_\_

Country: \_\_\_\_\_

@: \_\_\_\_\_

☎: \_\_\_\_\_ 🏠: \_\_\_\_\_ 🛠: \_\_\_\_\_

### Coverage of enrolment fees / payer

National identification no. (matricule): \_\_\_\_\_

End of beneficiary agreement CSA<sup>4</sup>: \_\_\_\_\_

Comments: \_\_\_\_\_

### Authorisation to pick up the child

- Relationship with the child: \_\_\_\_\_

Authorisation for pick up: No  Partial  Yes

Surname: \_\_\_\_\_

First name: \_\_\_\_\_

Minor: Yes  No

Comments: \_\_\_\_\_

☎: \_\_\_\_\_ 🏠: \_\_\_\_\_ 🛠: \_\_\_\_\_

- Relationship with the child: \_\_\_\_\_

Authorisation for pick up: No  Partial  Yes

Surname: \_\_\_\_\_

First name: \_\_\_\_\_

Minor: Yes  No

Comments: \_\_\_\_\_

☎: \_\_\_\_\_ 🏠: \_\_\_\_\_ 🛠: \_\_\_\_\_

- Relationship with the child: \_\_\_\_\_

Authorisation for pick up: No  Partial  Yes

Surname: \_\_\_\_\_

First name: \_\_\_\_\_

Minor: Yes  No

Comments: \_\_\_\_\_

☎: \_\_\_\_\_ 🏠: \_\_\_\_\_ 🛠: \_\_\_\_\_

• Relationship with the child: \_\_\_\_\_  
Authorisation for pick up: No  Partial  Yes   
Surname: \_\_\_\_\_  
First name: \_\_\_\_\_  
Minor: Yes  No   
Comments: \_\_\_\_\_  
☎️: \_\_\_\_\_ 🏠: \_\_\_\_\_ 🛠️: \_\_\_\_\_

• Relationship with the child: \_\_\_\_\_  
Authorisation for pick up: No  Partial  Yes   
Surname: \_\_\_\_\_  
First name: \_\_\_\_\_  
Minor: Yes  No   
Comments: \_\_\_\_\_  
☎️: \_\_\_\_\_ 🏠: \_\_\_\_\_ 🛠️: \_\_\_\_\_

• Relationship with the child: \_\_\_\_\_  
Authorisation for pick up: No  Partial  Yes   
Surname: \_\_\_\_\_  
First name: \_\_\_\_\_  
Minor: Yes  No   
Comments: \_\_\_\_\_  
☎️: \_\_\_\_\_ 🏠: \_\_\_\_\_ 🛠️: \_\_\_\_\_

• Relationship with the child: \_\_\_\_\_  
Authorisation for pick up: No  Partial  Yes   
Surname: \_\_\_\_\_  
First name: \_\_\_\_\_  
Minor: Yes  No   
Comments: \_\_\_\_\_  
☎️: \_\_\_\_\_ 🏠: \_\_\_\_\_ 🛠️: \_\_\_\_\_

• Relationship with the child: \_\_\_\_\_  
Authorisation for pick up: No  Partial  Yes   
Surname: \_\_\_\_\_  
First name: \_\_\_\_\_  
Minor: Yes  No   
Comments: \_\_\_\_\_  
☎️: \_\_\_\_\_ 🏠: \_\_\_\_\_ 🛠️: \_\_\_\_\_

## Departure policy <sup>2</sup>

### Note :

Children in classes up to Cycle 2.2 inclusive, or under the age of nine, may only leave the foyer scolaire if accompanied by the persons designated for this purpose. In exceptional circumstances, and provided they have valid reasons, parents may submit a request to the foyer scolaire's director for permission to have a minor pick up their child from a municipal foyer scolaire (see instruction 6.4).

### Accompanied departure :

I do not want my child to leave the foyer scolaire alone. I undertake to pick up my child myself, or to designate another person to do so, and I assume full responsibility for this.

Unaccompanied departure (alone):

I hereby authorise the foyer scolaire to allow my child to leave unaccompanied, and I assume full responsibility for this (applies only to children in Cycles 3.1 and above, or to children aged 9 and over).

**Accompanied**

Comments: \_\_\_\_\_

Monday  Tuesday  Wednesday  Thursday  Friday

**Alone, with parental consent**

Comments: \_\_\_\_\_

Monday  Tuesday  Wednesday  Thursday  Friday

**Alone**

Comments: \_\_\_\_\_

Monday  Tuesday  Wednesday  Thursday  Friday

**Aktioun Bambësch**

If my child is enrolled to take part in Aktioun Bambësch activities organised during school holidays by the Centre d'animation pédagogique et de loisirs (Creative Learning Centre – CAPEL), I am hereby notified that CAPEL staff will be responsible for supervising my child on the days and at the times during which said holiday activities are scheduled. During said activities, my child will therefore be under the sole responsibility of the CAPEL staff.

I have reviewed the policies and procedures of the City of Luxembourg's foyer scolaires and, in the event of a medical emergency or accident, I hereby authorise the staff to (i) take any necessary emergency actions (e.g. call an ambulance), (ii) have the child attended to as quickly as possible, and (iii) notify the person(s) listed above under Observations.

The activities at the City's foyers scolaires are organised based on the Law of 6 February 2009 (as amended) organising elementary education (loi modifiée du 6 février 2009 portant organisation de l'enseignement fondamental).

By express agreement and in accordance with the current laws on the protection of personal data, I hereby authorise the City of Luxembourg to (i) process the data provided through this form, as well as any data that may be subsequently shared by the City in order to perform the duties assigned to it under the aforementioned Law of 6 February 2009, and (ii) provide appropriate supervision for and ensure the safety of my child while they are in the care of the foyer scolaire and during activities organised by the foyer scolaire. I am aware that if this form is not filled out completely, the City of Luxembourg may reject the enrolment of my child in the foyer scolaire.

I am also aware that I will be liable for providing false information or for failing to provide any required information.

**Additional information:**

The aforementioned personal data is stored in accordance with the applicable laws, particularly regarding the childcare service voucher scheme.

The data controller is the municipal administration of the City of Luxembourg, located at 42 place Guillaume II, L-1648 Luxembourg.

You have the right to access, rectify, and restrict the processing of your data. You may exercise this right by sending a letter to the City of Luxembourg at the address listed above, or by sending an email to [DPO@vdl.lu](mailto:DPO@vdl.lu).

You have the right to withdraw your consent to the processing of the aforementioned personal data, and to object to such processing at any time. If you do so, the City of Luxembourg reserves the right to refuse your child's admission to the foyer scolaire.

You also have the right to lodge a complaint with the National Commission for Data Protection (Commission nationale pour la protection des données) (see [www.cnpd.lu](http://www.cnpd.lu)).

Please write out \_\_\_\_\_ Date \_\_\_\_\_  
"read and approved"

Surname and first name of the parent(s) with parental authority, or of the child's guardian:

\_\_\_\_\_

Signature: \_\_\_\_\_

**File closure**

Exit date: \_\_\_\_\_

Comments: \_\_\_\_\_

Surname and first name of the parent(s) with parental authority, or of the child's guardian:

\_\_\_\_\_

Date of signature: \_\_\_\_\_

Signature: \_\_\_\_\_

- 1) If one or both parents do not have parental authority, a copy of the document (court ruling or other) naming the child's representative must be submitted.
- 2) The policies and procedures of the City of Luxembourg's foyers scolaires must be observed.
- 3) Fill out and sign the "Medicine to be administered" document.
- 4) CSA = chèque service accueil (childcare service voucher scheme)