

2025 – 2026 School Year Application for Grade .....

Child Details						
Family	Name:				First	Name:
Date of birth: / / Country of birth: Gender: Male / Female Address:						
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Previous	Grade:					

Contact details		
Father:	Mother:	
Family Name:	Family Name:	
First Name:	First Name:	
Address:	Address:	
Nationality:	Nationality:	
Occupation:	Occupation:	
Employer:	Employer:	
Work phone:	Work phone:	
Home phone:	Home phone:	
Mobile phone:	Mobile phone:	
Email:	Email:	



# Legal guardian: Father and Mother / Mother / Father Legal status: Married / Divorced / Separated / Others

Number of sisters and brothers: .....

Covenant					
covenant					
Ι					
The father:					
The mother:					
Hereby testify that:					
<ul> <li>I am in good standing with the Mauritian authorities,</li> </ul>					
<ul> <li>I hold parental authority for the enrolment of my child at Antoine de Saint Exupéry school,</li> </ul>					
<ul> <li>I will notify the administration in writing in the event of any changes in my life situation (administrative, family, etc.),</li> </ul>					
<ul> <li>I have read and accepted the school rules and involved financial obligations</li> </ul>					
<ul> <li>I have provided no false statements and that in doing so it may result in the immediate expulsion of the student from the school.</li> </ul>					
Date:					
Signature of father: Signature of mother:					
Required documents:					
<ul> <li>Copy of birth certificate</li> <li>Copy of vaccination certificate</li> <li>Certificate of cancellation of previous school</li> <li>Proof of Residence and work permit for children and parents</li> <li>Copy of passport (child and parents)</li> <li>4 passport sized photos</li> </ul>					



Parents and children must comply with the school's internal regulations. Each parent is required to sign a copy of the school rules. The latest copy of the school rules can be requested at SEIS's offices at any time.
Once application forms have been submitted, the deposit payment (corresponding to 2 months of school fees, refundable when the child leaves the school) and the initial registration fee (non-refundable) are due. Registrations will only be processed and confirmed after receipt
of payment.
Authorization in case of an emergency:
In case of emergency, injured or sick students may need to be transported by ambulance to the closest available hospital. SEIS guarantees that parents will be immediately notified by phone. In the event of such emergency, I authorize the personnel of SEIS to take all necessary measures to provide help.
Date:
Signature:
Please specify below the name of the person that needs to be notified in case of emergency, including their correct telephone numbers:
Person 1:
Person 2:
Person 3:



# Pricing

# INITIAL REGISTRATION FEE (NON-REFUNDABLE) MUR 36,000

## ANNUAL TUITION FEES MUR 210,000

Including insurance and all necessary school supplies during the year, including books.
Payable over 12 months from September 2025 to August 2026, i.e. 12 monthly instalments of MUR 17.500.
5% reduction for any one-time payment made on August 31.
10% discount for families with 3 or more children attending to our school.

## REFUNDABLE DEPOSIT MUR 35,000

A deposit fund (equivalent to 2 months' tuition) will be required when your child registers. This deposit will be returned to you when your child leaves our school. It is required to make a written request to SEIS 2 months before your departure.

Please make required payments by bank transfer or cash.

Our bank details in your preferred currency can be found on the next page. All payments should be directed to ZUKA Partners Limited as the legal owner of Saint Exupéry International School, Mauritius.



## BANK DETAILS: Account owner "ZUKA Partners Limited" – legal entity of SEIS

### <u>MUR</u>

<u>The Mauritius Commercial Bank Limited (MCB)</u> Account number 000447808877 Unit C1-01, La Croisette Commercial Complex, Grand Baie Branch

## Absa Bank (Mauritius) Limited

Account number 132001030 La Croisette Commercial Complex, Grand Baie Branch

### EUR SWIFT

MU41BARC0307000002052765000EUR, SWIFT BARCMUMUMAF Absa Bank (Mauritius) Limited 1<sup>st</sup> Floor, Absa House, 68, Cybercity, Ebene, Mauritius

### EUR SEPA

IBAN BE58967035978979, BIC TRWIBEB1XXX Wise, Rue du Trône 100, 3rd floor Brussels 1050 Belgium

### ZAR SWIFT

MU25BARC0307000002054296000ZAR, SWIFT BARCMUMUMAF Absa Bank (Mauritius) Ltd, 1st Floor, Absa House, 68, Cybercity, Ebene, Mauritius

## <u>USD</u>

Account number 8312124474, ACH and Wire routing number 026073150, Account type Checking Community Federal Savings Bank, 89-16 Jamaica Ave, Woodhaven NY 11421, United States

### <u>GBP</u>

Account number 52387876, UK SORT CODE 23-14-70 Wise Payments Limited, 56 Shoreditch High Street, London, E1 6JJ, United Kingdom

### <u>CHF</u>

GB64TRWI23147052387876, TRWIGB2LXXX Wise Payments Limited, 56 Shoreditch High Street, London, E1 6JJ, United Kingdom

### <u>AED</u>

GB64TRWI23147052387876, TRWIGB2LXXX Wise Payments Limited, 56 Shoreditch High Street, London, E1 6JJ, United Kingdom

### AUD

Account number 209993404, BSB CODE 774001 ZUKA Partners Limited

## <u>SGD</u>

Account number 208-098-4, Bank Code 0516 Wise Asia-Pacific Pte. Ltd. (Formerly TransferWise) 1 Paya Lebar Link #13-06 - #13-08 PLQ 2, Paya Lebar Quarter, Singapore 408533



# 2025 - 2026 School year School rules acceptance

Hereby testify that I have read and accept the school rules including all financial obligations

Name :

Date :

<u>Signature</u> :



# Use of photos / videos of your child

As part of our pedagogical work, we will use photos/videos of the children of our school (for the purpose of school newspaper, the website, facebook and in other various media).

Under the rules of protection for minors, we will not reference any information that could directly or indirectly identify children or their families. Any use of images or footage is for non-profit only.

We are required by law to have written permission from the parents. Otherwise we will ask your child to not participate on group photo shootings or mask the face by means of photo or video editing.

We, the legal representatives of: .....

Allow / do not allow .....

the school teachers to use photos/videos of our child taken during school activities in the mentioned publications and media.

Date .....

Signature .....



# MEDICAL FORM SCHOOL YEAR 2025 - 2026

Family Name:	First Name:
Date of birth:	Grade:

Family address: .....

Father	Mother
Phone at work:	Phone at work:
Mobile Phone:	Mobile Phone:
Phone at home:	Phone at home:

Child's medical history (allergy, asthma, etc.):

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# **Current state of child's health**

• Regular drug treatments:

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• Speech and language therapy or psychological treatments:

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• Other notes:

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