|  |  |
| --- | --- |
| **Name and address of the educational institution** |  |
| **Key contact person/s** (specify responsibilities) | Name |  |
| Position |  |
| Telephone numberE-mail |  |
| **Age limit for children** (please specify lower age limit) |  |
| **Registration fee and tuition fees for one academic year and payment terms** (currency, timing of payments, the possibility of reimbursement of paid tuition fees with regard to special circumstances) |  |
| **Additional fees** (including fees for transport, if available, fees for meals etc.) |  |
| **Discounts offered to the European GNSS Agency** |  |
| **Registration term** (timing of registration, possibility of priority) |  |
| **Special conditions for admission** |  |
| **Language / languages in which the tuition is provided** |  |
| **Other languages taught**  | Without extra fee |  |
| With extra fee (please specify the fee) |  |
| **Care provided for children with special educational needs** (specify whether special needs are included within annual tuition costs or need to be billed separately) |  |
| **Any additional information deemed relevant, useful, interesting for the Agency** (e.g. school bus services, special activities etc.) |  |
| **Educational Institution Study Programme / Educational Methodology** |  |
| **Educational institution** (size of institution: total number of children, how many years in operation) |  |
| **Teachers** (number of teachers/children – usual size of classes / groups, teachers minimum educational standard, teachers Nationality etc.) |  |
| **Typical clients** (e.g. expat community, international companies, etc.) |  |
| **External / Internal control system(s)** **Health and Safety Standards**Please describe the system of internal/external controls you are subject to (e.g. Inspection of Ministry of Education etc.)Please describe how do you comply with the Health and Safety standards. |  |
| **Contact with parents**Please describe how do you contact parents in emergency; how do you usually communicate with parents  |  |

Date:

Signature:

Name/Position: