



Application form ASR Residence

Initials: Guardian 1
Guardian 2



Enroll Renew

Fill all the fields below legibly, with capital letters

Year: 20 / 20

1 Pupil Information

First Names Surname

Preferred Name Date of birth: / / Male Female

Tax / Fiscal N° PT Identification Number:

Nationality Mother Tongue

Passport N° (Foreign students only)

Home Address

Telephone(fixed) No. Mobile No.

Email:

In case of Emergency please list two contacts (not parents)

1. Name

Contact N° Relationship to the pupil

2. Name

Contact N° Relationship to the pupil

2 Guardian 1 – Main Contact

Title: Full name

Marital Status Relationship to Pupil: Gender Male Female

ID / Passport N° Tax / Fiscal N°

Nationality Mother Tongue

Residential Address

Postal Code Email

Telephone(fixed)No. Mobile No.

Initials: Guardian 1
Guardian 2



3 Guardian 2

Title: Full name

Marital Status Relationship to Pupil: Gender Male Female

ID / Passport N° Tax / Fiscal N°

Nationality Mother Tongue

Residential Address

Postal Code Email

Telephone(fixed)No. Mobile No

4 Invoicing Information

- Student.
- Invoice Parent / Guardian 1.
- Invoice Parent / Guardian 2.
- Invoice third party (*information below*).

Name Tax / Fiscal Number

Address

.....

Contact No Email

Relationship to the Pupil

Signature:

Student: EU Non EU

Contract drawn up in: English Portuguese

Signature Guardian 1:

Signature Guardian 2:

Initials: Guardian 1
Guardian 2



5 Health Insurance

Your student will be required to adhere to a compulsory health insurance provided by ASR Portugal and the health information that will be shared with an insurance company only includes data strictly necessary for that purpose.

6 Pupil Medical Information

Student Height: cm Student weight kg

Date of last Tetanus inoculation: / /

Please enter details of any medical conditions the ASR Portugal should know about:

- Allergies *Stipulate:*
- Asthma Special Treatment:
- Hearing
- Eyesight
- Epilepsy
- Contagious Diseases *Which:*
- Relevant Family History (eg: Diabetes)
- Others

Has your child had any of the following illnesses?

- | | | |
|--------------------|------------------------------|-----------------------------|
| Chicken Pox | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Measles | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Mumps | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Whooping Cough | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Otitis Media | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Middle Ear Disease | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Initials: Guardian 1
Guardian 2



Allergies or health problems (including medication taken):

Any special requirements (e.g. support for Dyslexia):

Has your child required treatment for any of the following?

- | | | |
|----------------------------|------------------------------|-----------------------------|
| Asthma | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Eczema | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Hay Fever | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Bone or Joint disease | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Fits or Convulsions | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Diabetes | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Discharging Ears | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Frequent sore throat | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Recurrent chest infections | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If the answer to any of the above is YES, please give details

.....
.....

- | | | |
|---|------------------------------|-----------------------------|
| Does your child wear spectacles/contact lens? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Does your child suffer from color blindness? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Is your child undergoing dental treatment? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Please give details of other past illnesses, injuries, operations or hospital investigations.

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.....

Please give details of any known allergy, including sensitivity to drugs.

.....
.....

Initials: Guardian 1
Guardian 2



Please give details of any dietary requirements we should be aware of.

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.....

Do you consider your child to be fit to take part in all normal games and activities?: Yes No

If the answer is NO, please give details.

.....
.....

Please mention any hereditary diseases in your family.

.....
.....

Is your child receiving any medical treatment or taking medication regularly?

Yes No

If YES, please accompany this form with a letter from your doctor. For regular medication to be administered, the medical staff will contact you for further information and to sign the appropriate form.

7 Permission for Medical Treatment

I/we the parent(s) or legal guardian(s) of residing at ASR Portugal, give permission for medical or psychiatric treatment for the above named child at the most appropriate medical facility, in the event that I/we cannot be contacted. I/we consent to the administration of necessary and required immunisations, standing order medications, and prescription medications. I/we give the specialist, and any medical personnel that may be required, two way consent to share information that may be pertinent to my child and **I/we declare that I have read, understood and agree to the above information and at point 8 of this document.**

.....

Legal Guardian 1 Signature

Legal Guardian 2 Signature

ASR Portugal discourage children from carrying medication in their belongings for health and safety reasons and request that parents/guardians contact ASR Portugal to discuss any medication issues. In emergency situations or if your child is in pain or discomfort, we may administer pain relief in the form of paracetamol and/or ibuprofen in various forms. For your child's safety, medicines may be stored in ASR Portugal's facilities during the day.

Initials: Guardian 1
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8 Guardianship Arrangements

Parents are responsible for providing a guardian for their child through family friends or relatives. The contact details of the guardian should be forwarded to the ASR Portugal office in advance of the student commencing at ASR Portugal.

According to Portuguese legislation, parents/guardians have to sign a Power of Attorney giving a local adult in Portugal guardianship of their child during the period that he/she is residing at ASR Portugal, unless a parent/guardian is accompanying the student and staying within 2 hours travelling distance from the ASR Portugal by car/ public transport.

Power of attorney will need to be requested at your local notary. Feel free to request standard wording for the Power of attorney in Portuguese and English from ASR Portugal.

You will need to have this document in both your local language and also the Portuguese version.

This will need to be accompanied by an affixed Apostille. Apostilles are affixed by Competent Authorities designated by the government of a state which is party to the convention. A list of these authorities is maintained by the Hague Conference on Private International Law. Examples of designated authorities are embassies, ministries, courts or (local) governments.

The Apostille convention, or the Apostille treaty is an international treaty drafted by the Hague Conference on Private International Law. It specifies the modalities through which a document issued in one of the signatory countries can be certified for legal purposes in all the other signatory states. Such a certification is called an apostille (French: certification). It is an international certification comparable to a notarisation in domestic law, and normally supplements a local notarisation of the document.

We ask that copies are sent to ASR Portugal in advance, although the original will need to be carried by your child during flights. ASR Portugal will make sure to keep these documents safe during your child's stay.

- I/we declare that I have read and understood the above information about guardianship arrangements. * Mandatory field.
- Pupil will require Guardianship to be provided by ASR Portugal.
- I/ We have appointed our own Guardian, details below:

Title: Name

Marital Status Relationship to Pupil: Gender Male Female

ID / Passport N° PT Fiscal N°

Nationality Mother Tongue

Residential Address

Postal Code Email

Telephone(fixed)No. Mobile No.

Please note that you will need to send a copy of the Guardianship document and that the student will need to bring original Guardianship Declaration (apostilled) with them. This will be kept by ASR Portugal for safe keeping.

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Legal Guardian 1 Signature *Legal Guardian 2 Signature*

Initials: Guardian 1
Guardian 2



9 Final Agreement Form ASR Portugal

I/We the parents/legal guardians of:
(full name of student)

Hereby confirm the admission of the above student to the ASR Portugal.

I/we have read, understood and agree to all the rules and conditions, consents, authorisations as contained in the details in this document as well as the ASR Portugal Handbook. This agreement shall take effect immediately upon signature hereof and shall remain in force and in effect for the duration of the student's stay at ASR Portugal during the current academic year.

It is hereby agreed that I/we the parents/guardians of the student shall be jointly and severally,(should the one pay, the other is to be absolved) liable for the payment of ASR Portugal fees and additional charges as per the fee sheets of ASR Portugal.

It is hereby acknowledged that ONE FULL term's notice, in writing, is required for any student leaving ASR Portugal. Should the required FULL term's notice not be given, I /we will be responsible for the payment of the forthcoming term's fees in lieu of such notice.

Guardian 1 Signature:

Guardian 2 Signature:

Signed on this day of 20

Initials: Guardian 1
Guardian 2



Privacy Statement

ASR Portugal collects personal data about you and your child necessary for this purpose. This data will be made available to employees or contracted drivers. They will not be disclosed to any other person or agency without your consent, unless legally requested.

ASR Portugal; respects your right to privacy and does not transmit any personal information about you without your consent.

Collection and use of personal data

Any information you provide will be used only by ASR Portugal for the purpose described. To meet the organisational needs of activities, ASR Portugal may collect and process personal data. The collection of some data is mandatory; other data is optional provided voluntarily by the user. For further clarification, you can contact the person responsible for the activity.

1. Identification and contact details: name, date of birth and / or age, gender, nationality, address, telephone and fax, e-mail address, literacy, language used, type, position, entity where you work or study, type, number and copy of the student card, photograph, among others; as well as the data of parents / guardians / guardians of minors.
2. Activity data: sounds and images captured in activities (for example: photography, recording, video), performance, evaluation, awards, sanctions, among others;
3. Financial data: the data of the bank accounts of the respective people, in the case of financial payment, such as registration fees and monetary prizes, communication of changes in the conditions of the contracted services, satisfaction surveys, fulfillment of the obligations to which ASR Portugal, is subject.
4. Other data related to the activities: any personal data you provide to us will be treated with a guarantee of security and confidentiality required by the General Data Protection Regulation.



Received by and on behalf of ASR Portugal;

Name: Signature:

Signed on this day of 202

Initials: Guardian 1
Guardian 2



A1 Authorisation for use of Image/s

Permitting the use of image/s for promotional content or material includes the following terms:

- a) The use of photograph/s of student/s for personal Identification card;
- b) At the discretion of the ASR Portugal, images may be taken of student/s participating in general activities, expositions, festivities among others and be used as part of future ASR Portugal promotional material including digital copies for sites, blogs, social media, slides or others;
- c) Images being regarded not only as photographs but also video and/or illustrations of the student individually or amongst a group;
- d) The usage is exclusively for the use of ASR Portugal who are not authorised to share image/s with another institution, or third party not established in points “a” and “b”.

- Yes, I/we acknowledge and accept the above terms and authorise the use of image/s
- No, I/we do not accept the above-mentioned terms and do not authorise the use of image/s.

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A2 Authorisation - Extracurricular activities

Throughout the academic year ASR Portugal organises various extra-curricular activities outside the ASR Portugal premises. These events form part of ASR Portugal's core business and contribute towards the personal and social development of our students.

In all these activities the students are accompanied by teachers and/or ASR Portugal Staff.

To avoid unnecessary bureaucracy and because some of these activities may arise unexpectedly, we would appreciate if you could complete the declaration below.

"I / We hereby give permission for our son/daughter to participate in recreational activities organised by ASR Portugal which may include excursions out of the ASR Portugal facilities. I/we accept that all reasonable precautions will be taken to ensure the safety and welfare of my/our child and that I/we shall be held responsible for the payment of any medical and/or hospital accounts, where applicable, should any injury or loss be sustained by my child. I specifically indemnify and hold ASR Portugal and its staff harmless against any claims of whatsoever nature arising out of any injury, damage or loss sustained in pursuance of the aforesaid participation.

As far as I/we know, my /our child is physically capable of participating in the various activities and he/ she is in good health.

However, persons responsible should please note the following: *(please state medical aspects that the staff should be aware of, eg. Allergies, tendency toward abnormal bleeding, epilepsy, etc.)*"

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.....

I/We, Legal Guardian/s of the student:
(full name of student)

authorise my/our child to participate in all extracurricular activities that take place outside the ASR Portugal premises and that do not involve additional costs.

.....
.....

Legal Guardian 1 Signature

Legal Guardian 2 Signature

Initials: Guardian 1
Guardian 2



A3 Authorisation – Private car Transportation

I hereby give permission for, to travel by private transport with ASR Portugal staff when and if required.

I understand that in order to provide transport, the driver must be the holder of a current driver's license and that vehicle must be registered and covered by compulsory Third Party Insurance.

If the driver is not a staff member at ASR Portugal, they require permission from the ASR Portugal administration.

- I authorise my child to travel in private transport with the ASR Portugal team when and if necessary.
- I do not allow my student to travel in private transport with the ASR Portugal team when and if necessary.

..... of, 20

.....
Legal Guardian 1 Signature

.....
Legal Guardian 2 Signature