



**Registration form to become a member of the Parents' Association of Grand-Lancy (APEGL)**

**Schools : Bachet-de-Pesay - En-Sauvy - Palettes**

**Please complete the form and send it to us by email at [apegl@apegl.ch](mailto:apegl@apegl.ch) or by post at APEGL, Case Postale 529, 1212 Grand-Lancy 1**

Father's Last name, First name	
Mother's Last name, First name	
E-mail adress	
Street, no	
ZIP / Location	
Mobile number	
Data of your school-going child (ren)	<p>First name: _____  <input type="checkbox"/> 1p <input type="checkbox"/> 2p <input type="checkbox"/> 3p <input type="checkbox"/> 4p <input type="checkbox"/> 5p <input type="checkbox"/> 6p <input type="checkbox"/> 7p <input type="checkbox"/> 8p <input type="checkbox"/> sp  <input type="checkbox"/> Bachet-de-Pesay <input type="checkbox"/> En-Sauvy <input type="checkbox"/> Palettes</p> <p>First name: _____  <input type="checkbox"/> 1p <input type="checkbox"/> 2p <input type="checkbox"/> 3p <input type="checkbox"/> 4p <input type="checkbox"/> 5p <input type="checkbox"/> 6p <input type="checkbox"/> 7p <input type="checkbox"/> 8p <input type="checkbox"/> sp  <input type="checkbox"/> Bachet-de-Pesay <input type="checkbox"/> En-Sauvy <input type="checkbox"/> Palettes</p> <p>First name: _____  <input type="checkbox"/> 1p <input type="checkbox"/> 2p <input type="checkbox"/> 3p <input type="checkbox"/> 4p <input type="checkbox"/> 5p <input type="checkbox"/> 6p <input type="checkbox"/> 7p <input type="checkbox"/> 8p <input type="checkbox"/> sp  <input type="checkbox"/> Bachet-de-Pesay <input type="checkbox"/> En-Sauvy <input type="checkbox"/> Palettes</p> <p>First name: _____  <input type="checkbox"/> 1p <input type="checkbox"/> 2p <input type="checkbox"/> 3p <input type="checkbox"/> 4p <input type="checkbox"/> 5p <input type="checkbox"/> 6p <input type="checkbox"/> 7p <input type="checkbox"/> 8p <input type="checkbox"/> sp  <input type="checkbox"/> Bachet-de-Pesay <input type="checkbox"/> En-Sauvy <input type="checkbox"/> Palettes</p>
Subscription payment: CHF 20 per family and per year	<input type="checkbox"/> I wish to receive an invoice by email <input type="checkbox"/> I wish to receive an invoice by post
Your support	<input type="checkbox"/> I would like to join your committee <input type="checkbox"/> I am available for spontaneous help
Your signature	<p>Date and signature : _____</p> <p>I have taken note that my membership in APEGL commits me to paying the annual membership fee until the end of the child's schooling or by written resignation no later than June 30 of the following year.</p>



## Questionnaire for parents / representatives of school-going child (ren) in one of the following primary schools:

- Bachet-de-Pesay**
                    
  **En-Sauvy**
                    
  **Palettes**

Your opinion interests us ! Please complete the questionnaire and return it to us by:  
email: [apegl@apegl.ch](mailto:apegl@apegl.ch) or by post: APEGL, case postale 529, 1212 Grand-Lancy 1

**First name :** \_\_\_\_\_ **Last name :** \_\_\_\_\_

1. In general, are you satisfied with the school environment in which your child is developing?

- Yes       No

Your comments :

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2. Would you like support from APEGL in the following themes?

- insecurity within the school     
  harassment / violence by students     
  homework support  
 mediation in case of conflict     
  understanding of the school system     
  other theme : \_\_\_\_\_

Your comments :

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3. For what kinds of events organized by APEGL would you like to participate?

- specialized conferences  
 Your preferences :   
  education                     
  learning methods                     
  conflict management between pupils  
                                 
  pupil's health                     
  new technology management                     
  other events \_\_\_\_\_

Recreational events outside of school

- Your preferences :   
  games night                     
  outdoor walk                     
  parents's meetings  
                                 
  weekend without screen                     
  parent-child sport                     
  other \_\_\_\_\_

4. By joining the association of parents of pupils from Grand-Lancy, what are your expectations and what actions would you like APEGL to take on?

Your comments :

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