



# Contract/Pogodba

for school year 2023/2024  
za šolsko leto 2023/2024

**aefe**  
Agence pour  
l'enseignement français  
à l'étranger

## Pupil/Učenec

Last Name/Priimek : \_\_\_\_\_ First Name/Ime : \_\_\_\_\_  
Date of Birth/Datum rojstva : \_\_\_\_\_  
ID Number/Št. osebnega dokumenta : \_\_\_\_\_

## Contract

The **legal representatives**, as hereinafter referred to, together or separately:

- Are responsible adults for the upbringing of the child ("pupil" as below).
- Accept the admission of the Student to the French School of Ljubljana (Društvo francoška šola v Ljubljani), as of (date): \_\_\_\_\_
- Have received, understood and agree with the following documents: **Terms and Conditions, Internal Regulations, Financial Regulation, Conciliation policy**, which form an integral part of this contract.
- Declare that they agree with the **Missions and Values** of the School.
- Understand that the **Terms and Conditions** may be amended to improve the operation of the School.

The **School**:

- Agrees to provide educational services as described in the **Terms and Conditions**.

The payment of the School Fees and other mandatory additional costs form an integral part of this contract.

*Plaćilo šolnine in ostalih s šolanjem povezanih stroškov so sestavni del te pogodbe.*

The contract comes into force when signed by all three parties: child's legal representatives, headmaster and a representative of the Društvo francoška šola. *Pogodba stopi v veljavo, ko je podpisana s strani otrokovih zakonitih zastopnikov, ravnatelja/-ice in predstavnika Društva francoška šola.*

## Legal representatives/Zakonita zastopnika otroka

**Legal representative №1/Zakoniti zastopnik št. 1**

Last Name and First Name/Ime in priimek: \_\_\_\_\_

**Signature of Legal representative №1/**Podpis zakonitega zastopnika št. 1

Date/Datum : \_\_\_\_\_

**Legal representative №2/Zakoniti zastopnik št. 2**

Last Name and First Name/Ime in priimek: \_\_\_\_\_

**Signature of Legal representative №2/**Podpis zakonitega zastopnika št. 2

Date/Datum : \_\_\_\_\_

**For the International French school of Ljubljana/Izpolni Mednarodna francoška šola v Ljubljani**

Signature of the Headmaster of the school/Podpis ravnateljice šole

STAMP/ŽIG

Date/Datum