



LE GOUVERNEMENT
DU GRAND-DUCHÉ DE LUXEMBOURG
Ministère de l'Éducation nationale,
de l'Enfance et de la Jeunesse

Centre psycho-social et
d'accompagnement scolaires

Tel. SePAS: (+352) _____

Application for a school subsidy

pursuant to the *loi modifiée du 13 juillet 2006 portant organisation du Centre psychosocial et d'accompagnement scolaires* (Law of 13 July 2006 on the organisation of the *Centre psychosocial et d'accompagnement scolaires*)

Academic year 2025/2026

- The application must
- filled out, signed and dated by the applicant
 - accompanied by all the requisite supporting documents
 - lodged with the secondary school's **SePAS** by no later than 31 October

Applications lodged with the SePAS after 31 October 2025 will be refused.

Pupil:

Last name: _____

First name: _____

Telephone: _____

School: _____

Registration no.
(*matricule*):

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IAM:

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Boarding school: yes

Section/class: _____

Applicant (having parental authority)

Spouse/Partner/Cohabitee

oui

Last name: _____

First name: _____

Telephone: _____

Email: _____

Civil status: _____

Occupation: _____

Last name: _____

First name: _____

Telephone: _____

Email: _____

Civil status: _____

Occupation: _____

Address: Street: _____, No _____

Postcode: L- _____ Town/city: _____

Applicant's **current** account: IBAN

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Name of account holder (applicant): _____

(please attach a certificate of banking details (RIB) of the **current** account)

When the pupil's parents are no longer living:

pupil's father died on: ____ . ____ . ____

pupil's mother died on: ____ . ____ . ____

The applicant's household consists, in total, of _____ persons.

List of all dependent children in the applicant's household

Last name, first name	Date of birth	School	Class	Other situation (e.g.: university, job-seeker, in work, apprenticeship etc.)
1. (pupil)				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Declaration of income of the household (please tick the appropriate boxes)

Income for the 3 months of: June, July, September (not the month of August)	Applicant		Spouse/ Partner/ Cohabitee		Pupil	
	yes	no	yes	no	yes	no
Salary/wage						
Sickness benefit (CNS, National Health Fund)						
Income from self-employment						
Unemployment benefit						
REVIS (inclusion benefit and/or activation allowance)						
Allowance for people with severe disabilities						
Old-age pension, survivor's pension						
Disability pension						
Pension following an accident						
Orphan's pension						
Parental leave benefit						
Apprenticeship allowance						
ENAD/CNFPC training allowance/grant						
Foster placement, allowance payment (revenue)/socio-educational care						
Income deriving from the rental of property*						
Other income (please specify)						

* Please attach the most recent income tax return (*Administration des contributions directes*).

- ☐ I **receive** maintenance for my dependent child(ren). Amount: ____
I attach a **supporting document** (e.g. bank statement).
- ☐ I **do not receive** maintenance for my dependent child(ren).

- ☐ I **pay** maintenance for my child(ren) living outside my household. This amounts to ____ euros per month. I attach a **supporting document**.

By signing this application, the applicant declares that:

1. the information given above is correct and comprehensive. Any false statement leading to payment of the subsidy will give rise to its reimbursement and the institution of criminal proceedings;
2. he/she is aware that, in accordance with the *loi modifiée du 19 juin 2013 relative à l'identification des personnes physiques* (Law of 19 June 2013 on the identification of natural persons, as amended) the data declared above detailing the composition of the household will be checked against the records contained in the National Registry of Natural Persons;
3. he/she is aware that the personal information will be processed and retained by the SePAS and the CePAS of the Ministry of Education, Children and Youth for the period needed for the processing of his/her application as provided for by the *loi modifiée du 13 juillet 2006 portant organisation du Centre psycho-social et d'accompagnement scolaires* (Law of 13 July 2006 on the organisation of the *Centre psycho-social et d'accompagnement scolaires*, as amended) and the legal obligations of the SePAS and the CePAS;
4. he/she consents to his/her national identification number (*matricule*) and that of his/her spouse, or of his/her partner within the meaning of the *loi modifiée du 9 juillet 2004 relative aux effets légaux de certains partenariats* (Law of 9 July 2004 on the legal effects of certain partnerships, as amended), or of his/her cohabitee, being communicated to the *Caisse pour l'avenir des enfants* (Children's Future Fund) in order to enable the SePAS and the CePAS to know the number of dependent children of the applicant and of his/her spouse, partner or cohabitee, with a view to calculating the social index. If you do not consent to such communication, please check the following box ☐;
5. he/she agrees to the data (last name, first name, national identification number, class and secondary school) of the pupil, likely to be allowed access to the school's canteen at a preferential rate, being communicated for that purpose to the *Service de la restauration scolaire et universitaire* (Restopolis, Catering Service for Schools and the University) of the Ministry of Education, Children and Youth. If you do not consent to such communication, please check the following box ☐.

The legal rules for the protection of personal data, in particular the rights vested in data subjects (right of access, right to rectification, right to deletion of data, right to object to or to request the restriction of processing), are applicable in the relevant circumstances, subject to the exceptions and derogations provided for.

If you wish to exercise one of your rights, you can e-mail our Data Protection Officer at: dpo@men.lu, or send a registered letter addressed to: Le délégué à la protection des données, Ministère de l'Éducation nationale, de l'Enfance et de la Jeunesse, L-2926 Luxembourg.

Please enclose with your application a copy of your currently valid ID document in order to prove who you are.

You also have the right to lodge a complaint with the *Commission nationale pour la protection des données* (National Commission for Data Protection) at its head office at 15, Boulevard du Jazz, L-4370 Belvaux.

_____, le _____. _____, 2025

Applicant's signature _____

Remarks

Documents to be enclosed with the application (to be provided before 31 October 2025)

The application, duly signed, must be accompanied by the following documents:

1. a **certificate** proving the payment of **family allowances (payment for September)** or, failing that, a copy of the payment statement for September in respect of family allowances for all dependent children;
2. a **recent affiliation certificate** issued by the *Centre commun de la sécurité sociale* (CCSS, Social Security Centre), valid as from 1 January 2025. Such a certificate must be produced in respect of the applicant and his/her spouse or partner or cohabitee. You can apply for it via www.ccss.lu, myguichet.lu or by phoning the number 40141-1;
3. **income certificates/statements for the months of June, July and September**, in respect of the applicant and his/her spouse, partner or cohabitee and the pupil him/herself. If you cannot produce documentary evidence for September, please supply evidence for May (the same months for all members of the household);
4. for persons who are self-employed, farmers, winegrowers and parental assistants: a copy of the *certificat de revenus* (income certificate) issued by the *Centre commun de la sécurité sociale* (www.ccss.lu – ordering certificates > Self-employed persons) **and** the *récapitulatif extraits de compte* (account statement overview) issued by the CCSS covering the months from May to September, or the most recent wage statement issued by the *Administration des contributions directes*;
5. in the event of post-secondary studies (BTS, university, *haute école*) in respect of the pupil's siblings, please enclose an **enrolment certificate for the winter semester 2025-2026**;
6. **certificate of banking details (RIB)** of the current account in the applicant's name (not accepted: savings account).

The service reserves the right to request any further document that may be necessary and to check the composition of the household.

Page reserved for the administration/SePAS

Date of receipt of the application: _____. _____. 2025

Remarks: _____

SePAS officer: _____ _____, le _____. _____. 2025			_____ signature/initials
Seen and approved by CePAS: _____ officer	_____. _____. 2026 date	_____ CePAS signature	
_____ _____ _____ _____ _____			