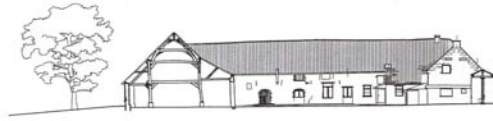


# International Montessori School 'Hof Kleinenberg'



Kleinenbergstraat 97-99, 1932 St. Stevens - Woluwe

## APPLICATION FOR ADMISSION

### PRIMARY PROGRAM: YEARS 1 to 3

For school year 20 ...../ 20 .....

### Part 1:

**Name of the STUDENT:** .....

last

first

middle

Date of birth: .....

Place of birth: .....

Nationality: .....

Sex: Male or Female

PHOTO

Religion: .....

Native Language: .....

Second language(s): .....

[montessori-womuwe@skynet.be](mailto:montessori-womuwe@skynet.be)  
[www.international-montessori.org](http://www.international-montessori.org)

**FAMILY:**

Father's full name: \_\_\_\_\_ Mobile ph. no: \_\_\_\_\_

Work ph. no: \_\_\_\_\_

Mother's full name: \_\_\_\_\_ Mobile ph. no: \_\_\_\_\_

Work ph. no: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home ph. no: \_\_\_\_\_ E-mail: \_\_\_\_\_

**PROGRAM**

Our child completed year ..... in his/her previous school.

Please provide the school with complete reports on the previous academic year. In the event of moving during the school year please add a report of current academic year.





## **PART 2:**

### **DEVELOPMENTAL HISTORY:**

History of early Childhood:

.....  
.....

Medical History:

.....  
.....

### **CURRENT ABILITIES AND HEALTH:**

Gross Motor ability: .....

Fine Motor ability: .....

Activity level: .....

Sleep: .....

Eating: .....

Interaction with others: .....

Concentration level: .....

Self initiative: .....

Specific Interests: .....

Motivation: .....

Responsibility: .....

Developmental or learning disabilities: .....

Current medication: .....

Allergies: .....

