

International Montessori School 'HOF KLEINENBERG'



Kleinenbergstraat 97-99, 1932 St. Stevens - Woluwe

APPLICATION FOR ADMISSION

PRIMARY PROGRAM: YEARS 1 to 4

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-woluwe@skynet.be
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

Option D: 4 full days and Wednesday mornings ()

Option E: 5 full days
Includes Wednesday afternoon ASH programme
till 15.00 hrs. ()

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:

Which school is your child currently attending:

Did your child attend other schools and for how long:

.....
.....

Reasons for wishing to change school:

.....

FAMILY HISTORY:

SIBLINGS:

Name:	Age:	School currently attending:
-------	------	-----------------------------

.....
.....

How long have you lived in Belgium:

In which other country(ies) did your child live and for how long:

.....
.....

Current Health / Illnesses:

.....

Other information:

.....
.....

Signature:

Date:

