

# International Montessori School



**Rotselaerlaan 1, 3080 Tervuren**

## APPLICATION FOR ADMISSION

**PRIMARY PROGRAM: YEARS 1 to 5**

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

### **Part 1:**

**Name of the Child:** ..... / ..... / .....

last

first

middle

Date of birth: .....

Place of birth: .....

Nationality: .....

Sex: Male or Female

PHOTO

Religion: .....

Native Language: .....

Second language(s):

.....

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

**Family:**

Father's full name: .....

Mother's full name: .....

Address:

.....

.....

Home ph. no. .... Work ph. no. ....

Mobile ph. no. .... Mobile 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.

**ADDITIONAL POSSIBILITIES:**

<b>G 1:</b>	Regular After School Hours from 15.00 to 17.15 Please indicate days of the week:	
<b>H:</b>	Irregular After School Hours from 15.00 onwards Per hour	
<b>I:</b>	Holiday Camps during specific holiday weeks: (Minimum 10 children)	
<b>J:</b>	Violin or Piano Instruction are included in the Tuition Fees. Our child chooses:	
	Piano	
	Violin	
	Violin Hire:	
	Additional Tuition in the Second Instrument (Additional charge – availability depends on vacancies)	
<b>K:</b>	Councilor: Additional Individual help	
<b>M:</b>	Bus Service Zone A: Neighbouring Commune: One way Return	
	Zone B: Non neighbouring communes: One way Return	
	Zone C: Further a field:	
	Please note: Route, Pick-up times and availability depend on the addresses of families participating.	



## **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: .....

