

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 Student:

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
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.

ADMINISTRATIVE INFORMATION

The Tuition fees will be paid by: Employer YES / NO

Parents YES / NO

An invoice needs to be send to the employer: YES / NO

Name and address of company:

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Please give the name of the person to whom to attend the invoice:

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Father's position:

Mother's position:

Please note:

- The enrolment of a child is the agreement between the school and the parents regardless of the agreement parents may have with their employers concerning the payment of the Tuition Fees.

- This application will be processed as soon as the school has received the payment of the Application Fee. This Application Fee is non-refundable and paid only once.

Please tick:

Please find enclosed the amount of 650 Euro.

I have made a bank draft of 650 Euro to the KBC bank account number 434-5164481-11. For foreign transfers: Iban no: BE 304345 1644 81111
Swiftcode: KREDBEBB, Address bank: Markt 4, 3080 Tervuren

Signature: Date:// 20.....

PART 2:

DEVELOPMENTAL HISTORY:

History of early Childhood:

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Medical History:

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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:

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Reasons for wishing to change school:

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FAMILY HISTORY:

SIBLINGS:

Name:	Age:	School currently attending:
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How long have you lived in Belgium:

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

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Current Health / Illnesses:

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Other information:

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SIGNATURE:

DATE:// 20.....