

# INTERNATIONAL MONTESSORI SCHOOL



BERGESTRAAT 24, 3080 TERVUREN

## APPLICATION FOR ADMISSION

Children's House: Ages 2 ½ to 6 years old

For school year: 20 \_\_\_ / 20 \_\_\_ Start date (dd/mm/yyyy): \_\_\_ / \_\_\_ / \_\_\_

### PART 1:

**Name of the Child:** \_\_\_\_\_

last

first

middle

Date of birth (dd/mm/yyyy): \_\_\_\_\_

Place of birth: \_\_\_\_\_

Nationality: \_\_\_\_\_

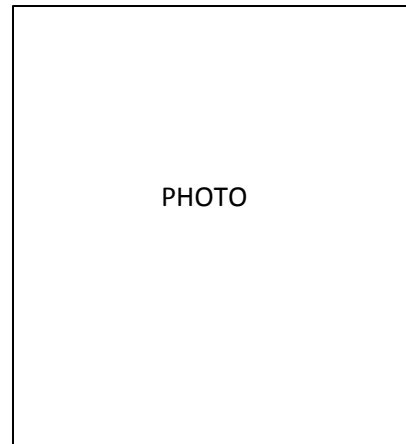
Gender:

Male

Female

Native language: \_\_\_\_\_

Second language(s): \_\_\_\_\_



### **Family:**

Father's full name:

\_\_\_\_\_

Mother's full name:

\_\_\_\_\_

Email address mother: \_\_\_\_\_

Email address father: \_\_\_\_\_

Home address: \_\_\_\_\_

\_\_\_\_\_

Home phone number:	
Mobile phone n° father:	
Work phone n° father:	
Mobile phone n° mother:	
Work phone n° mother:	

## Choice of Programme

### For 2 ½ year olds:

	Option A:	5 mornings only
	Option B:	2 full days being Monday and Tuesday and 3 mornings
		2 full days being Thursday and Friday and 3 mornings
	Option C:	3 full days and 2 mornings
	Option D:	4 full days and Wednesday mornings
	Option E:	5 full days *
	Option E1:	2 ½ full days
	Option E2:	3 full days
	Option E3:	4 full days

### For 3 year olds:

	Option A:	5 mornings only
	Option B:	2 full days being Monday and Tuesday and 3 mornings
		2 full days being Thursday and Friday and 3 mornings
	Option C:	3 full days and 2 mornings
	Option D:	4 full days and Wednesday mornings
	Option E:	5 full days *

### For 4 year olds:

	Option B:	2 full days being Monday and Tuesday and 3 mornings
		2 full days being Thursday and Friday and 3 mornings
	Option C:	3 full days and 2 mornings
	Option D:	4 full days and Wednesday mornings
	Option E:	5 full days *

### For 5 year olds:

	Option D:	4 full days and Wednesday mornings
	Option E:	5 full days *

\* Option E includes the After School Hour programme every Wednesday afternoon from 12:00 to 15:00 hrs.

The programme attendance can be increased during the course of the school year.  
An additional Tuition Contract will be made.

**In combination with:**

	F 1	<b>After School Hour Programme (ASH)</b> available from 15:00 to 18:00 hrs	<b>5 school days per week.</b> Complete school year - 5 days per week.	
	F 2		<b>Regular</b> After School Hour Programme. Please indicate the days of the week.	
	F 3		<b>Irregular</b> After School Hour Programme. Per hour / invoiced bimonthly	
	I	<b>Holiday Camps</b>	<b>During specific holidays</b>	
	J 1	<b>Violin Instruction for Children's House:</b>	<b>Complete school year</b>	
	J 2		Trial period (8 weeks)	
	J 3		Violin hire for a complete year	
	J 4		Violin hire for a trial period (8 weeks)	
	K	<b>Counsellor</b>	<b>Specialised</b> individual help	
	M 1	<b>Bus Service</b>	<b>Zone 1:</b> Neighbouring communes	One way
				Return
	M 2		<b>Zone 2:</b> Non neighbouring communes	One way
				Return
	M 3		<b>Zone 3:</b> Further afield	One way
				Return
<b>Please note:</b> Route, Pick-up times and availability depend on the addresses of families participating.				

## Administrative Information

The tuition fees will be paid by:

Employer


Parents

An invoice needs to be sent to the employer:

YES	NO
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Name and address of company:

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

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Father's position: \_\_\_\_\_ Mother's position: \_\_\_\_\_

Please note that 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.

### **Payment of Enrolment fee:**

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

Please find enclosed the amount of €600.

I have made a bank draft of €600 to  
the KBC bank account number BE30 4345 1644 8111

### **For international transfers please use:**

IBAN n°: BE30 4345 1644 8111, Swiftcode: KREDBEBB

Bank address: Markt 4, 3080 Tervuren

*Please attach a copy of the bank statement.*

### **Passport – Belgian Identity card:**

Please attach a copy of your child's passport and their Belgian identity card. In the event that you do not yet have the identity card, please provide the school with a copy as soon as possible.

Signature:

Date (dd/mm/yyyy):

## **PART 2:**

### **Developmental History:**

History of pregnancy:

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Infant history:

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Activity level and temperament:

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Medical history:

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### **Developmental Milestones:**

Age at which your child was able to do the following:

Walk independently

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Speak sentences

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Eat independently

--

Dress him/herself independently

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### **Current Abilities and Health:**

Current medication:

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Allergies:

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Activity level:

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Sleeping patterns:

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Eating habits:

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Specific food habits:

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Toilet learning activity level:

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Interaction with others:

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Is your child currently attending a Preschool or Day Care center:

Does your child have developmental or learning disabilities:

**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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Health / illnesses:

\_\_\_\_\_  
\_\_\_\_\_

Other information:

\_\_\_\_\_  
\_\_\_\_\_

Signature:

Date (dd/mm/yyyy):

\_\_\_\_\_

\_\_\_\_\_