

INTERNATIONAL MONTESSORI SCHOOL



KLEINENBERGSTRAAT 97-99, 1932 SINT-STEVENS-WOLUWE

APPLICATION FOR ADMISSION

Primary Programme: Years 1 to 5

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

PART 1:

Name of the Student: _____

last

first

middle

Date of birth (dd/mm/yyyy): _____

Place of birth: _____

Nationality: _____

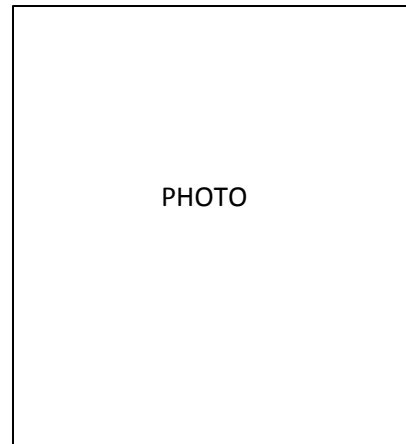
Gender:

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:	

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.

Programme:

Option D:	4 full days and Wednesday mornings
Option E:	5 full days, includes Wed. afternoon ASH Programme till 15:00 hrs

Possible compositions:

F 1	After School Hour Programme (ASH) available from 15:30 to 18:00 hrs	5 school days per week. Complete school year - 5 days per week				
F 2		Regular After School Hour Programme Please indicate the days of the week				
F 3		Irregular After School Hour Programme Per hour / invoiced bimonthly				
I	Holiday Camps	During specific holidays				
J 1	Additional Instruction in a Second Instrument Availability depends on vacancies	Complete school year		Instrument:	Piano	
J 2		Trial period (8 weeks)			Guitar	
J 3		We would like to hire a violin from school		Complete school year		
J 4				Trial period (8 weeks)		
K	Counsellor	Specialised individual help				
L	Music	Instruction in one musical instrument is included in the tuition fees. Our child chooses:			Piano	
					Guitar	
		Our child will bring his/her own violin			Violin	
		We would like to hire a violin from school		Complete school year		
		Trial period (8 weeks)				
M 1	Bus Service	Zone 1: Neighbouring communes			One way	
					Return	
M 2		Zone 2: Non neighbouring communes			One way	
					Return	
M 3		Zone 3: Further afield			One way	
					Return	

Please note:

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

Name and address of company:

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

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 €800.

I have made a bank draft of €800 to
the KBC bank account number 734-0236015-23

For international transfers please use:

IBAN n°: BE92 7340 2360 1523, 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 early childhood:

Medical history:

Current abilities and health:

Gross motor ability:	
Fine motor ability:	
Activity level:	
Sleep:	
Eating:	
Specific food habits:	
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:	
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In which other country(ies) did your child live and for how long:

Current health / illnesses:

Other information:

Signature: _____

Date (dd/mm/yyyy): _____