

# INTERNATIONAL MONTESSORI "HOF TEN BERG"



HOF TEN BERG 22, 1200 WOLUWE-SAINT-LAMBERT

## 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

PHOTO

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:**

G 1	<b>Early Arrival</b> between 7:30 - 8:30 hrs	<b>5 school days per week</b> Complete school year - 5 days per week				
G 2		<b>Regular</b> Early Arrival Please indicate the days of the week				
G 3		<b>Irregular</b> Early Arrival				
H 1	<b>After School Hour Programme (ASH)</b> available from 15:30 to 18:30 hrs	<b>5 school days per week</b> Complete school year - 5 days per week				
H 2		<b>Regular</b> After School Hour Programme Please indicate the days of the week				
H 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>Additional Instruction in a Second Instrument</b> Availability depends on vacancies	<b>Complete school year</b>		Instrument:	<b>Piano</b>	
J 2		<b>Trial period (8 weeks)</b>			<b>Guitar</b>	
J 3		We would like to hire a violin from school		Complete school year		
J 4				Trial period (8 weeks)		
K	<b>Counsellor</b>	<b>Specialised</b> individual help				
L	<b>Music</b>	Instruction in <b>one musical instrument</b> is included in the tuition fees. Our child chooses:			<b>Piano</b>	
					<b>Guitar</b>	
		Our child will bring his/her own violin			<b>Violin</b>	
		We would like to hire a violin from school		Complete school year		
		Trial period (8 weeks)				
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	

**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
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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 €800.

I have made a bank draft of €800 to  
KBC Bank account number BE88 7360 1756 4441

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

IBAN n°: BE88 7360 1756 4441, 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): \_\_\_\_\_