



INTERNATIONAL MONTESSORI SCHOOL
 'HOF TEN BERG, HOF TEN BERG 22, 1200 WOLUWE-SAINT-LAMBERT

APPLICATION FOR ADMISSION

**International Baccalaureate
 DIPLOMA PROGRAMME (IB DP): Year 1 and 2**

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

PART 1:

Name of the Student:

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last

first

middle

Date of birth (dd/mm/yyyy):

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Place of birth:

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Nationality:

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Gender:

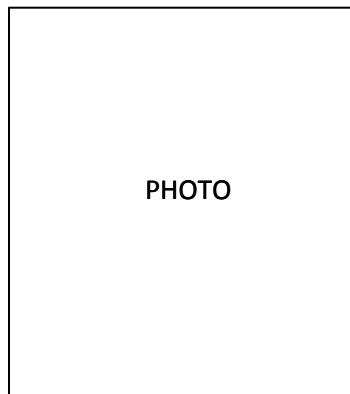
Male	Female
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Native language:

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Second language(s):

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Contact details family:

Parent/Guardian

Surname:	First Name:	Relationship to the child:
Mobile phone nr.:	Work phone nr.:	Email address:

Parent/Guardian

Surname:	First Name:	Relationship to the child:
Mobile phone nr.:	Work phone nr.:	Email address:
Home address:		
		Home phone nr.:

Optional:

	L	Music	Instruction in one musical instrument is included in the tuition fees. Our child chooses:	Piano	
				Guitar	
				Violin	
			The student will bring his/her own violin		
We would like to hire a violin from school					
	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	
<p>Please note: Route, Pick-up times and availability depend on the addresses of families participating.</p>					

Academic History:

Name School:	Type of school:	Duration	Grades attended:	Country:

Our son/daughter successfully completed year _____ in his/her previous school.

Was the Personal Project completed, if yes on what topic?

YES	Topic:
NO	Reason:

Reasons for wishing to change school:

Please provide the school with complete reports covering the two previous academic years.

Subject Choices

The Diploma Programme candidate chooses 6 subjects.
Subjects can be taken at Higher Level (HL) or Standard Level (SL) with a student taking 3 of each.
Within the 6 groups the International Montessori School offers the following subjects
when there is a minimum of 3 participating students:

Language A: Language and Literature

English A	Language and Literature	HL		SL	
French A	Language and Literature	HL		SL	

Language acquisition

English B	HL		SL	
French B	HL		SL	
Dutch B	HL		SL	

Individuals and Societies

Business	HL		SL	
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Sciences

Biology	HL		SL	
Physics			SL	

Mathematics

Mathematics: Analysis and Approaches		SL	
Mathematics: Applications and Interpretation		SL	

The Arts

Visual Arts	HL		SL	
Theatre	HL		SL	

Date:	Signature Student:	Signature Parents/Guardian:
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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:

Parent/Guardian's position:

Please note that the enrolment of a student 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.

The amount of €800 is enclosed

A bank transfer of €800 has been made to account number BE30 4345 1644 8111

For International Transfers please use:

KBC Bank: Markt 4, 3080 Tervuren, Belgium

Swiftcode: **KREDBEBB**

Please attach proof of payment

Passport – Belgian Identity card:

Please attach a copy of your son's/daughter'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.

Belgian National Number:

Signature Parent/Guardian:

Date (dd/mm/yyyy):

PART 2:

Developmental History:

History of childhood:

Medical history:

Family History:

Siblings:

Name:	Age:	School currently attending:

How long have you lived in Belgium:

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Has your child lived in other country/ies? If so, for how long?

Current abilities:

Motivation:	
Concentration:	
Dedication to Academic Work:	
Responsibility:	
Self initiative:	

Interaction with others:	
Developmental or learning disabilities:	
Activity level:	
Sports:	
Screen habits:	
Sleeping patterns:	
Eating habits:	
Strengths:	
Challenges:	
Special interests:	

Current health / medication / allergies:

Other information:

Signature Parent/Guardian:

Date (dd/mm/yyyy):
____/____/20____