



INTERNATIONAL MONTESSORI SCHOOL

'HOF KLEINENBERG', 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):

PHOTO

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.:	

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				
	F3		Irregular After School Hour Programme. Per hour/invoiced monthly.				
	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)		
	K1	SER	Special Educational Requirements - Individual				
	K2		Special Educational Requirements - Small group				
	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
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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 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.

The amount of €800 is enclosed

A bank transfer of €800 has been made to account number BE92 7340 2360 1523

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 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.

Belgian National Number:

Signature Parent/Guardian:

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:	

The school your child is currently attending:

Has your child attended other schools? If so, for how long?:

Reasons for wishing to change school:

Family History:

Siblings:

Name:	Age:	School currently attending:

How long have you lived in Belgium:

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

Current health / illnesses:

Other information:

Signature Parent/Guardian:

Date (dd/mm/yyyy):

____/____/20____