



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:

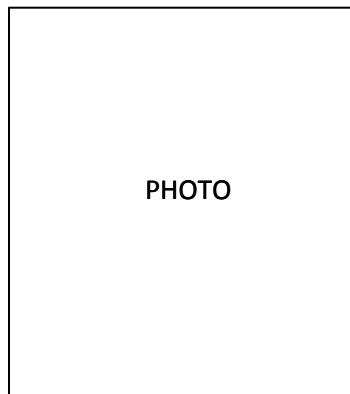
Male	Female
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Native language:

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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 <b>one musical instrument</b> 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><b>Please note: Route, Pick-up times and availability depend on the addresses of families participating.</b></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	

### Individuals and Societies

Business Management	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:

Person responsible for company invoices:

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____