

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:**

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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:

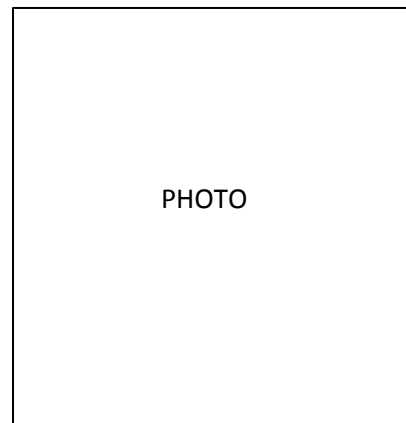
Male	Female
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Native language:

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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.:	

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	<b>5 school days per week.</b> Complete school year - 5 days per week				
	F 2		<b>Regular</b> After School Hour Programme Please indicate the days of the week				
	F3		<b>Irregular</b> After School Hour Programme. Per hour/invoiced monthly.				
	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)		
	K1	<b>SER</b>	<b>Special Educational Requirements - Individual</b>				
	K2		<b>Special Educational Requirements - Small group</b>				
	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:

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:

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


Reasons for wishing to change school:

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**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 health / illnesses:

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Other information:


Signature Parent/Guardian:

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Date (dd/mm/yyyy):

____/____/20____
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