Montessori			ONTESSORI SCHOOL 22,1200 Woluwe-Saint-Lambert
	APPLICATION F	OR ADMISSIC	<u>DN</u>
	Primary Program	nme: Years 1 to	5
For school year:	20/ 20	Start	date (dd/mm/yyyy)://
<u>PART 1:</u>			
Name of the Student:			
	last	first	middle
Date of birth (dd/mm/yyyy):			
Place of birth:			
Nationality:			
Gender:	Male Female		рното
Native language:			
Second language(s):			
Constant dataile fourilui			

Contact details family:

Parent/Guardian				
Surname:		First Name:		Relationship to the child:
Mobile phone nr.:	Work phone	e nr.:	Email address:	

Parent/Guardian

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Surname:		First Name:		Relationship to the child:
	1		1	
Mobile phone nr.:	Work phone	e 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
ſ	Option E:	5 full days, includes Wed. afternoon ASH Programme till 15:00 hrs.

Possible compositions:

	H 1	After School Hour	5 school days per week. Complete school year - 5 days per week				
	Н 2	Programme (ASH) available from	Regular After School Hour Programme Please indicate the days of the week				
	Н3	15:30 to 18:30 hrs	Irregular After School Hour Programme. Per hour/invoiced monthly.				
	I	Holiday Camps	During specific holidays				
	J 1		Complete school year			Piano	
	J 2	Additional Instruction in a	Trial period (8 weeks)		Instrument:	Guitar	
	52	Second Instrument				Violin	
	J 3	Availablity depends on vacancies	We would like to hire a violin fro school		Complete sch	ool year	
	J 4				Trial period (8	s weeks)	
	К1	SER	Special Educational Requirements - Individual				
	К2	JER	Special Educational Requirements - Small group				
			Instruction in one musical instrument is included in the tuition fees. Our child chooses:			Piano	
						Guitar	
	L	Music				Violin	
			Our child will bring his/her own violin				
					lete school year		
					l period (8 weeks)		
	M 1		Zone 1 . Neighbouring commu	nec		One way	
	IVI I		Zone 1: Neighbouring communes		Return		
	M 2	Bus Service	Bus Service Zone 2: Non neighbouring communes		es	One way	
					Return		
	M 3		Zone 3: Further afield		One way		
				Return			
Please note: Route, Pick-up times and availablility 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
Name and address of company:			
Person responsible for company invoices:			
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 BE88 7360 1756 4441

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):

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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:

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):

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