Montessori Children on the move				ONTESSORI SCHOOL ERLAAN 1-3, 3080 TERVUREN
	<u>APPLI</u>	CATION F	OR ADMISSIC	<u>DN</u>
	Prima	ary Program	nme: Years 1 to	5
For school year:	20/ 20)	Start date (dd/n	nm/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):				
Contact datails family				

Contact details family:

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

Parent/Guardian

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Surname:		First Name:		Relationship to the child:	
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:

	F 1	After School Hour Programme (ASH) available from	5 school days per week. Complete school year - 5 days	per w	veek		
	F 2		Regular After School Hour Programme Please indicate the days of the week				
	F3	15:30 to 18:00 hrs	Irregular After School Hour Programme. Per hour/invoiced monthly.				
	T	Holiday Camps	During specific holidays				
	J 1		Complete school year			Piano	
	Additional J 2 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 f	from	Complete sch	ool year	
	J 4		school		Trial period (8 weeks)		
	K1	SER	Special Educational Requirements - Individual				
	K2	3EK	Special Educational Requirements - Small group				
			Instruction in one musical instrument is included			Piano	
		in the tuition fees.		Guitar			
	L	Music	Our child chooses:			Violin	
			Our child will bring his/her own violin				
					plete school ye	· · · · · ·	
					al period (8 weeks)		
	M 1		Zone 1: Neighbouring communes		One way		
			Zone 2: Non neighbouring communes		Return		
	M 2				One way Return		
		Bus Service	Zone 3: Further afield		One way		
	M 3				Return		
			Zone 4: Transfer service connecting the Tervuren and Woluwe locations. School collection point applies.			One way	
	M 4					Return	
Pleas Route			y depend on the addresses of fam	nilies n	articipating.	· 	

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 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 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 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):

/20

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_

www.international-montessori.org