



MONTESSORI HOUSE BRUSSELS

177, Av. De Tervuren 1150 Brussels | Tel. : 02/733.63.55

mvr@montessoribrussels.org

Application for Admission

Applying for programme: _____

Academic year: _____

Expected date of entry: _____

Child's Details

Surname: _____

First name: _____

Name used daily (if different from above) _____

Date of birth: _____

Place of birth: _____

Nationality: _____

Native language: _____

Exposed to other languages: _____

Previous crèche / school attended:

Please Attach
A Recent
Photograph
Of Your
Child Here.

Siblings

Name:

Date of birth:

Parents' details

Father's name: _____ Mother's name: _____

Profession: _____ Profession: _____

Business address: _____ Business address: _____

Telephone: _____ Telephone: _____

Email : _____

Email : _____

Home address: _____ Home telephone: _____

_____ **Emergency contacts**

_____ Name: _____

_____ Telephone: _____

Agreement and confirmation

Tuition fee to be paid by: _____
(if 'other' please specify)

- We understand that this application form cannot be assessed unless all the relevant information and documents have been provided to the school;
- We confirm that all information submitted is true and accurate, and that all required documents are attached;
- We understand that providing false information, or non-disclosure of relevant information may result in denial of admission or student withdrawal from Montessori House Brussels;
- We respect Montessori House Brussels' final admission decision and understand that the school cannot provide feedback of the result for every applicant;
- If accepted, we agree to adhere to the rules and policies of Montessori House Brussels and to comply with payment schedules as determined by the school administration.

Signature of parent/guardian: _____ **Date:** _____
