

Dear Prospective Family,

Applications for the 2025-2026 school year should be received **before February 2<sup>nd</sup>, 2026**, and will be reviewed as they are received. Applications received past this date will be reviewed depending on availability.

The following documents should be submitted with your application:

- Application form (pages 2-3 for students born 2024 to 2022 or pages 4-6 for students born in 2021 or earlier)
- 2 last school reports for children entering Year 1 to Year 6 (GS-CM2, born in 2021 or earlier)
- Teacher evaluation form from current class teacher for children entering Year 1 to Year 6.
- Sample of applicant's in-class writing for children entering Year 3 to Year 6 (CE1 to CM2).
- We do not have any admission requirements for children entering at the pre-primary level (born between 2024 and 2022).

For primary school applicants living locally, a short assessment of the child's level in English and Mathematics may be requested.

You may expect a response to your application submission shortly after receiving the required documents, usually within a maximum of 10 days.

**Special educational needs:**

Decisions about the admission of children with special educational needs are taken by the Principal based on the extent to which the school is able to meet the student's needs. Individual assessments are required for these students and the school will request a recent Educational Psychologist's report to ensure that the school can meet the student's needs.

**REGISTRATION**

Once a space has been confirmed for your child, you should return the following in order to secure your child's space in our school:

- For self-funded families:
  - 1100€ registration fee payment at the time of registration
  - 2000€ down-payment on tuition fees, to be made by May 1<sup>st</sup>, 2026
  - Payments can be made by check or bank transfer to SARL E.I.M. (bank details attached )
- Copy of your child's passport, birth certificate or ID card

For any further questions, you may contact our Principal:

Ms Anne Claire Malherbe

E-mail : [principal@malherbe-school.com](mailto:principal@malherbe-school.com)

Phone number: +33 (0)1 39 76 47 37



**RELEVÉ D'IDENTITÉ BANCAIRE**

Titulaire  
**SARL E.I.M.**

Domiciliation  
**SG ST GERMAIN LAYE ENTR (01867)  
2 RUE DE LA REPUBLIQUE  
78105 SAINT-GERMAIN-EN-LAYE**

Référence bancaire			
Code banque	Code guichet	N° compte	Clé RIB
30003	01867	00027000474	54

IBAN : FR76 3000 3018 6700 0270 0047 454  
BIC-ADRESSE SWIFT : SOGEFRPP

## NURSERY AND PRE-PRIMARY APPLICATION FORM

Student name in full .....

Date of birth ...../...../..... Place of birth (city).....

Day Month Year

Nationality: .....

Language(s) spoken at home:.....

a. Home address .....

b. Billing address (if different)

.....

*For company-paid fees:*

*Name of person in charge of billing: .....*

*Email address for billing: .....@.....*

*Phone number of person in charge of billing .....*

Applicant's  
photo

**Parent/Guardian 1:** .....

(First name)

(Family name)

Mobile number: .....

email:.....@.....

Nationality: .....

Mother tongue: .....

Profession – organization .....

Position .....

Business address .....

Tel: .....

**Parent/Guardian 2:** .....

(First name)

(Family name)

Mobile number: .....

email:.....@.....

Nationality: .....

Mother tongue: .....

Profession – organization .....

Position .....

Business address .....

Tel: .....

The above information may be used to create a School Directory for internal use only. ☐ Yes ☐ No

Child lives with (check where applicable)

☐ Both parents living together ☐ Both parents alternately

☐ Mother ☐ Father ☐ Legal guardian

List Siblings:

Name: ..... Age

Name: ..... Age

Name: ..... Age

For which grade are you applying.....Beginning date:.....

How did you hear about Malherbe International School? .....

## EDUCATIONAL DETAILS :

Has the child ever been tested for possible learning problems? If so, please indicate details

.....  
.....

Did your child attend a school/day-care previously?

☐ Yes ☐ No

If yes, please specify name of school, how long they have been in school and whether they attended full-time or part-time:

.....  
.....

If no, please indicate who is/was caring for your child during the day:

.....  
.....

Name/address of current school:

.....  
.....

Director/Principal's full name: .....

Telephone #: .....

Email: .....

I give MIS permission to contact my child's current/previous schools if necessary.

☐ Yes ☐ No

## HEALTH and WELL-BEING

Does the child have any special physical, emotional or psychological needs? Please explain:

.....  
.....

### What are your attendance plans?

Please note that:

- Nursery children (born in 2024) must attend at least 2 half-days per week
- Pre-primary and 2 children (born in 2022 or 2023) must attend at least 4 full days per week (only Wednesday attendance is optional for these classes)

	Monday	Tuesday	Wednesday	Thursday	Friday
9:00 – 11:45					
lunch					
13:15 - 16:00					

Special dietary requirements:

☐ No pork ☐ No meat ☐ No meat or fish

☐ Other: .....

Allergies: .....

## STUDENT INTERESTS/HOBBIES :

.....  
.....  
.....  
.....

## PRIMARY APPLICATION FORM

Student name in full .....

Date of birth ...../...../..... Place of birth (city).....  
Day Month Year

Nationality: .....

Language(s) spoken at home:.....

c. Home address .....

d. Billing address (if different)  
.....  
.....

*For company-paid fees:*

*Name of person in charge of billing:* .....

*Email address for billing:* .....@.....

*Phone number of person in charge of billing* .....

**Parent/Guardian 1:** .....  
(First name) (Family name)

Mobile number: .....

email:.....@.....

Nationality: ..... Mother tongue: .....

Profession – organization ..... Position .....

Business address ..... Tel: .....

**Parent/Guardian 2:** .....  
(First name) (Family name)

Mobile number: .....

email:.....@.....

Nationality: ..... Mother tongue: .....

Profession – organization ..... Position .....

Business address ..... Tel: .....

The above information may be used to create a School Directory for internal use only. ☐ Yes ☐ No

Child lives with (check where applicable)

☐ Both parents living together ☐ Both parents alternately

☐ Mother ☐ Father ☐ Legal guardian

List Siblings:

Name: ..... Age Name: ..... Age

Name: ..... Age

For which grade are you applying.....Beginning date:.....

How did you hear about Malherbe International School? .....

Applicant's  
photo

## EDUCATIONAL DETAILS :

Has the child ever been tested for possible learning problems? If so, please indicate details:

.....  
.....

Name/address of current school:

.....  
.....

Director/Principal's full name: .....

Telephone #: .....

Email: .....

Name (s) of School(s) attended

Location

Dates attended and grades:

.....  
.....  
.....

I give MIS permission to contact my child's current/previous schools if necessary.

☐ Yes ☐ No

## FRENCH AS AN ADDITIONAL LANGUAGE:

Please complete this section if your family usually speaks a language other than French.

Please indicate your child's current level of French:

Beginner (first time learning French in school) ☐

Familiar (has followed a beginner's French course) ☐

Confident (has been taught French for more than two years) ☐

Fluent (has always used French in school without support) ☐

Has your child ever attended a school where French was the primary language of instruction?

☐ Yes ☐ No

Comments:

.....  
.....

## ENGLISH PROFICIENCY:

Has your child ever attended a school where English was the primary language of instruction?

☐ Yes ☐ No

Has your child ever been enrolled in an English/bilingual program:

☐ Yes ☐ No

Please give a quick description of your child's formal exposure to English in school (include number of years, and hours/week enrolled in an English program):

.....  
.....  
.....

Please give details of any other exposure your child has to English outside of school, for instance at home or through extracurricular activities:

.....  
.....  
.....

## HEALTH and WELL-BEING

Does the child have any special physical, emotional or psychological needs? Please explain:

.....

.....

.....

.....

What are your attendance plans for lunch?

	Monday	Tuesday	Wednesday	Thursday	Friday
School meal*					

\* Please note that lunchboxes are only allowed if a student's medical or dietary needs cannot be met by our catering company. A medical certificate should be provided to justify this need.

Special dietary requirements:

- ☐ No pork     ☐ No meat     ☐ No meat or fish  
☐ Other: .....

Allergies: .....

## STUDENT INTERESTS/HOBBIES :

.....

.....

.....

.....

## ENGLISH TEACHER EVALUATION FORM FOR STUDENTS, RECEPTION - YEAR 6

*We appreciate your cooperation in completing this form. Please be candid about the student's language skills, academic ability, attitude to learning and behaviour. Your comments will be helpful in deciding if this programme is a good match for the student.*

Name of candidate: ..... Current grade/year group: .....

Current school: ..... Number of years at school: .....

English Teacher name: ..... Curriculum taught: .....

Texts studied this year : .....

.....

English level (please tick):

☐ NATIVE

☐ NON-NATIVE (Number of months/years the candidate has studied English:.....)

Does the candidate study in other languages besides English? ☐ YES ☐ NO

If yes, what is the nature of the program? (bilingual, pull-out, Saturday classes, etc)

.....

## CLASSROOM EVALUATION

*Please tick the appropriate box that reflects your observation and judgement.*

Academic Qualities	Outstanding	Good	Requires improvement	Inadequate
Effort in class				
Participation in class				
Models appropriate behaviour				
Respectful to adults and peers				
Presentation of work				
Completes work in a timely manner				
Manages personal belongings				
Completes homework				
General ability in Maths				

Please provide details of any behavioural concerns or any other information that could be beneficial:

.....

.....

## FLUENCY IN ENGLISH

Please tick the appropriate box that reflects your observation and judgement.

Social Development & Attitude to Learning	Exceeding	Meeting	Partially Meeting	Not meeting
Oral expression				
Listening skills				
Reading fluency				
Reading comprehension				
Written expression				
Spelling, punctuation & grammar				

Any further comments:

.....  
.....  
.....

## WELL-BEING AND SUPPORT

Does the candidate have any special interests or talents?

.....  
.....

Are there any disciplinary concerns for this candidate?

.....  
.....

Has this child been recommended for an IEP (Individual Education Plan) or a gifted programme? ☐ YES ☐ NO

If yes, please supply further details / attach a copy of the IEP to this form.

.....

Has this child repeated or skipped a year? If yes, please provide details:

.....

*I recommend this student for admission to Malherbe International School (please circle where appropriate):*

**STRONGLY**

**WITH RESERVATIONS**

**DO NOT RECOMMEND**

Name of teacher: .....Signature: .....

Email: .....Telephone: .....

*This form is confidential and must not be submitted by the family of the candidate. Please post or scan and email this form directly to:*

*Ms Anne-Claire Malherbe, [principal@malherbe-school.com](mailto:principal@malherbe-school.com)*

*Malherbe International School, 19 Rue du 11 Novembre 1918, 78110 Le Vésinet, France*