



19-21 rue du 11 novembre
78110 Le Vésinet - FRANCE
+33 (0)1 39 76 47 37
principal@malherbe-school.com

APPLICATION FORM

Student name in full

Date of birth/...../..... Place of birth
Day Month Year

Nationality:

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

Applicant's
photo

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

Parent/Guardian 1 Mobile:

Parent/Guardian 2 Mobile:

Home number: email:.....@.....

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

Nationality: Mother tongue:

Profession – organization Position

Business address Tel:

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

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

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:

.....

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 | | | | | |

Special dietary requirements:

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

Allergies:

STUDENT INTERESTS/HOBBIES :

.....

.....

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