

Dear Prospective Family,

Applications for the 2024-2025 school year should be received **between January 8th and February 26th, 2024.** Applications received past this date will be reviewed depending on availability.

The following documents should be submitted with your application:

- Application form
- 2 last school reports for children entering Year 1 to Year 6 (born in 2019 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 2022 and 2020).

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:

- Tuition Agreement document signed
- For self-funded families: entry fee payment along with a 2000€ down-payment on tuition fees (payable 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

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

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| | Domiciliation SG ST GERMAIN LAYE ENTR (01867) 2 RUE DE LA REPUBLIQUE 78105 SAINT-GERMAIN-EN-LAYE | | | | | | | | | | | | | | |
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NURSERY AND PRE-PRIMARY APPLICATION FORM

| Student name in full | |
|--|-------------------|
| Date of birth/ | |
| Day Month Year | |
| Nationality: | Applicant's photo |
| 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 | |
| Parent/Guardian 1: | |
| (First name) | (Family name) |
| Mobile number:email:@@ | |
| Nationality: Mother tongue: Profession – organization | |
| Business address | |
| Parent/Guardian 2: (First name) | (Family name) |
| Mobile number:email:@@ | |
| Nationality: Mother tongue: Profession – organization Business address | Position |
| The above information may be used to create a School Directo | |
| Child lives with (check where applicable) Both parents living together Mother Father Legal guardian | |
| List Siblings: Name: Age Name Name: Age | e: Age |
| For which grade are you applyingB | 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? |
| 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.

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 2022) must attend at least 2 half-days per week
- Pre-primary 1 and 2 children (born in 2020 or 2021) must attend at least 4 full days per week (only Wednesday attendance is optional for these classes)

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|---------------|--------|---------|-----------|----------|--------|
| 8:50 – 11:35 | | | | | |
| lunch | | | | | |
| 13:05 - 15:50 | | | | | |

Special dietary requirements:

Allergies:

STUDENT INTERESTS/HOBBIES :

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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PRIMARY APPLICATION FORM

| Student name in full | | |
|--|------------------------------|----------------------|
| Date of birth// Place of birth (city) Day Month Year | | Applicant's photo |
| 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:@@ | | |
| Nationality: Profession – organization Business address | Position Tel: | |
| Parent/Guardian 2: | | |
| (First name) | (Family name) | |
| Mobile number:email:@@ | | |
| Nationality: Mother tongue: Profession – organization Business address | Position Tel: | |
| The above information may be used to create a School Direct | ctory 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 Nar Name: Age | ne: | 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 possib | | |
|---|----------------------------|---|
| Name/address of current school: | | |
| Director/Principal's full name: Telephone #: Email: | | |
| | | Dates attended and grades: |
| I give MIS permission to contact my child | d's current/previous sch | ools if necessary. |
| FRENCH AS AN ADDITIONAL L Please complete this section if your famil | | uage other than French. |
| Please indicate your child's current level Beginner (first time learning French in sc Familiar (has followed a beginner's Frenc Confident (has been taught French for m Fluent (has always used French in schoo | hool) | |
| Has your child ever attended a school wh | nere French was the prir | mary language of instruction? |
| Comments: | | |
| ENGLISH PROFICIENCY: Has your child ever attended a school wh | | mary language of instruction? |
| Has your child ever been enrolled in an E | English/bilingual progran | n: |
| and hours/week enrolled in an English pr | ogram): | English in school (include number of years, |
| | | |
| Please give details of any other exposure through extracurricular activities: | e your child has to Englis | sh outside of school, for instance at home or |
| | | |



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

 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 ha | as studied English:) |
| Does the candidate study in other languages besides Engli | ish? 🗌 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:

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WELL-BEING AND SUPPORT

| | | alents? |
|--|-----------------------------------|--|
| Are there any discip | linary concerns for this candid | |
| | | vidual Education Dlan) are diffed |
| programme? YES | | vidual Education Plan) or a gifted |
| If yes, please supply | r further details / attach a copy | of the IEP to this form. |
| Has this child repeated or skipped a year? If yes, please provide details: | | |
| | | be International School (please circle |
| 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

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