

## **NURSERY AND PRE-PRIMARY APPLICATION FORM**

Student name in full	
Date of birth Place 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 Mobile: email: email: Home number: email: email	
Parent/Guardian 1: (First name) (Family name)	ne)
Nationality: Mother tongue: Profession – organization Position Business address Tel:	
Parent/Guardian 2:	
(First name) (Family name)	
•	
The above information may be used to create a School Directory for intern	al use only. Yes No
Child lives with (check where applicable)  □ Both parents living together □ Both parents alternately □ Mother □ Father □ Legal guardian	
List Siblings:  Name:  Name:  Age  Name:  Age	
For which grade are you applyingBeginning da	te:
How did you hear about Malherbe International School?	

## **EDUCATIONAL DETAILS:**

Has the child	ever been	tested for p	ossible learnir	ng problems	? If so, p	oleas	e indi	cate d	etails		
							<b></b> .				
Didabild		-11/-1		0							
Dia your chila	attend a s	cnool/dayca	are previously'	•							
☐Yes [	□No										
			have been in					nded f	ull-time	or par	t-time:
If no, please in	ndicate wh	o is/was ca	ring for your cl	hild during th	ne day:						
Name/address											
Telephone #:	· 										
	No		y child's currer	nt/previous s	schools if	f nec	essaı	ry.			
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Does the child	d have any	special phy	ysical, emotion	nal or psycho	ological r	need	s? Pl	ease e	explain		
What are your	r attendand	e plans for	lunch?								
School meal	Monday	Tuesday	Wednesday	Thursday	Friday						
Special dietar	y requirem	ents:				- 					
STUDENT 1											
							• • • • • • • • • • • • • • • • • • • •				