

NURSERY AND PRE-PRIMARY APPLICATION FORM

Student name in full				
Date of birth				
Day Month Year	Applicant's			
Nationality:	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:				
Parent/Guardian 2 Mobile: email:				
Parent/Guardian 1:				
(First name) (Family name)				
Nationality:Mother tongue:Profession – organizationPositionBusiness addressTel:				
Business address Tel:				
Parent/Guardian 2:				
(First name) (Family name)				
Nationality: Mother tongue:				
Profession – organization				
The above information may be used to create a School Directory for internal use only.	Yes			
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 applyingBeginning date:				
How did you hear about Malherbe International School?				



EDUCATIONAL DETAILS:

Has the child ever be						
Did your child attend ☐ Yes ☐ No						
						full-time or part-time:
If no, please indicate	who is/was	caring for y	our child during	the day:		
			•••••	• • • • • • • • • • • • • • • • • • • •		
Name/address of curr						
	full name: .					
I give MIS permissio ☐ Yes ☐ No	on to contac	t my child's	current/previou	s schools if n	ecessary.	
HEALTH and V	VELL-BE	ING				
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Does the child have a		. •		•		expiain:
What are your atter	ndance plar	ns?				
Please note that: Nursery children Pre-primary 1 ch Pre-primary 2 ch	ildren (borr	n in 2020) m	ust attend at lea	st 5 mornings	per week	
	Monday	Tuesday	Wednesday	Thursday	Friday	
9:00 – 11:45						
lunch 13:15 - 16:00						
= ~	No meat		eat or fish			
STUDENT INTI						