



19-21 rue du 11 novembre  
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## NURSERY AND PRE-PRIMARY APPLICATION FORM

Student name in full .....

Date of birth ...../...../..... Place of birth .....

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* .....

Parent/Guardian 1 Mobile: ..... email:.....@.....

Parent/Guardian 2 Mobile: ..... email:.....@.....

Home number: .....

**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

.....  
.....

Did your child attend a school/daycare previously?

Yes       No

If yes, please specify 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 for lunch?

	Monday	Tuesday	Wednesday	Thursday	Friday
School meal					

Special dietary requirements: .....

Allergies: .....

**STUDENT INTERESTS/HOBBIES :**

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