

**ECOLE MONTESSORI BILINGUE DE SAINT-CLOUD – PRE-ADMISSION REQUEST**

**Name of parents :** \_\_\_\_\_

Home address : \_\_\_\_\_

Telephone N° : \_\_\_\_\_ Email \_\_\_\_\_

**Child's first name :** \_\_\_\_\_

**Date of birth :** \_\_\_\_\_

Anticipated start date : \_\_\_\_\_

Requested grade level : \_\_\_\_\_

Mother tongue : \_\_\_\_\_

Other languages spoken at home or at school : \_\_\_\_\_

Current schooling : \_\_\_\_\_

**Why are you interested in our establishment ?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any specific question at present about how our school works ?

\_\_\_\_\_  
\_\_\_\_\_

Are you currently considering other schooling options for your child ?

**Date :**

**Signature of both parents :**

NB : This form does not constitute a binding agreement. It does, however, guarantee that your request for the anticipated start will be taken in account, provided there are available spaces. You will receive an email confirming that your request has been submitted.