

ECOLE MONTESSORI BILINGUE DE SAINT-CLOUD – PRE-ADMISSIONS 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?

Were you referred to our school by another parent?

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

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 into account, provided there are available spaces. You will receive an email confirming that your request has been submitted.