Application for admission to the DAI primary/community school



Desired date of admission: (Please check the appropriate box.) September 2021 or September 2022

Enrollment/Beginning School
Change of school
Our child is currently in the _____ grade.

<u>Child:</u>	Parent/Legal Guardian:
Child name	Mother/Guardian name
Date of birth	Father/Guardian name
Place and country of birth	Address:
Nationality	Street Address
Native language	Zip Code - City
Languages spoken at home	Contact information:
Additional languages	Telephone
Religion	E-mail address
Current school/kindergarten (institution, address)	

Siblings (number, age)

Please answer the following questions about your child that will help inform our pedagogical work.

Have there been any developmental abnormalities since birth (linguistic, motor, auditory) or are there any known learning difficulties? Does your child have any chronic diseases (diabetes mellitus, epilepsy, etc.)?

Does your child have any allergies or dietary restrictions?

What does your child like to eat and drink?

Is there anything else you would like to share with us?

We attended the online DAI information evening.	. 🗖 yes 🗖 no
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Place, date:

Signature of <u>both</u> parents/legal guardians: