

Application for admission to the International DAI School

Desired date of admission:

(please check the appropriate box)

September 20____

- Enrollment
 Change of school

Our child is currently in the _____ grade.

Child:

Name: _____

Date of Birth: ____ - ____ - ____

Place of Birth: _____

Country of Birth: _____

Nationality: _____

Native Language: _____

Languages spoken at home: _____

Additional languages: _____

Religion: _____

Current school /kindergarten (institution, address)

Siblings (number, age) _____

Parent/Legal Guardian:*Mother / Guardian name:* _____*Father / Guardian name:* _____**Address:***Street address:* _____*Zip code/ city:* _____**Contact Information:***Telephone:* _____*E-mail address:* _____

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

What special interests and talents does your child have?

Have there been any development abnormalities since birth (linguistic, motor, and 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?

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

We attended an information evening: yes no

Place, date

Signature of both parents/legal guardians