

# APPLICATION FORM

## A. Student's Information

Applying to start: (dd/mm/yyyy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ /

Student's name (as in passport)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please provide  
Student's recent  
photograph

Preferred Name

Vietnamese Name (if applicable)

Date of Birth:

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Day/Month/Year

Gender:

Place of birth:

\_\_\_\_\_

Nationality:



Passport No:

\_\_\_\_\_

Date of Expiry:

\_\_\_\_\_

Vietnamese Visa No:

\_\_\_\_\_

Date of Expiry:

\_\_\_\_\_

Siblings: Name

Gender

DOB (DD/MM/YY)

Current school

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## B. Parent/Legal Guardian Information

	Parent/Legal Guardian	Parent/Legal Guardian
Given Name(s)		
Family Name		
Company/Organization		
Office Telephone		
Mobile		
Office Facsimile		
Nationality		
Email		
Vietnam Address		
Home Country Address		

1. Would you like your child's name and home phone number sent home to his/her classmates?  Yes  No

2. Would you like your contact details to be published in the parent directory published and distributed by the School?  Yes  No

3. Please outline your child's daily schedule and favourite activities, objects and toys. ....

.....

.....

.....

4. What are some of the things that you expect your child to learn at our school?

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

5. Is your child potty trained? What are the words that your child is using to refer to their toilet procedure?

.....  
.....

6. Expected length of stay in HCMC: .....

**C. Language Information**

Student's 1<sup>st</sup> language: \_\_\_\_\_ 2<sup>nd</sup> language: \_\_\_\_\_

Other(s): \_\_\_\_\_

1. Is English used in the home?  Yes  No If yes, what percentage? \_\_\_\_\_%

2. Where has your child studied English? Please check.

- School \_\_\_\_\_  Private Tutor \_\_\_\_\_  
 Language school \_\_\_\_\_  Home/Other \_\_\_\_\_  
 EAL (English as Additional Language) programme \_\_\_\_\_

**D. Vietnamese Language (For non-native Vietnamese speakers only)**

Does your child speak Vietnamese at home?  Yes  No If yes, what percentage? \_\_\_\_\_%

**E. Chinese Language**

Does your child speak Mandarin at home?  Yes  No If yes, what percentage? \_\_\_\_\_%

**F. Educational Information**

1.

Previous School, Play Group, or Day Care	City/Country	Language of Instruction	Type of School	Grade/Year Level Attended	Dates Attended
			<input type="checkbox"/> Montessori <input type="checkbox"/> Int'l <input type="checkbox"/> Other _____		From: To:
			<input type="checkbox"/> Montessori <input type="checkbox"/> Int'l <input type="checkbox"/> Other _____		From: To:
			<input type="checkbox"/> Montessori <input type="checkbox"/> Int'l <input type="checkbox"/> Other _____		From: To:

2. Has your child ever been diagnosed with any of the following: (Please check  relevant box if 'yes')

- Attention Deficit Disorder  Autism  Dyslexia  
 Language and Speech Disorders  Hyperactivity  Other  
 Emotional/behavioural Disorders  Learning Disabilities

Please explain any checked box/es: \_\_\_\_\_

.....  
.....

3. In the past, has the student received service in a special programme (i.e. gifted and talented, learning difficulty, speech language therapy, etc)?  Yes  No If yes, please describe:

.....  
.....

4. Does your child have any ailments that would prevent him/her from participating in physical education classes?

Yes  No

*If yes, please explain:*

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5. Has your child experienced difficulty in school(s)?  Yes  No

*If yes, please describe:*

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6. Has your child ever had any individualised testing such as intelligence tests, writing styles, reading and maths diagnostics, etc?

Yes  No

*If yes, please enclose copies of those results.*

## G. Health Information

1. Please provide a copy of inoculations/vaccination records

2. Does your child have any of the following? (Please check  where relevant)

- |  |   |                                    |   |
|--|---|------------------------------------|---|
| <input type="checkbox"/> Headaches           | <input type="checkbox"/> Sight problems   | <input type="checkbox"/> Diabetes  | <input type="checkbox"/> Stomach problems     |
| <input type="checkbox"/> Heart problems      | <input type="checkbox"/> Tuberculosis     | <input type="checkbox"/> Asthma    | <input type="checkbox"/> Neurological disease |
| <input type="checkbox"/> Infectious diseases | <input type="checkbox"/> Skin irritations | <input type="checkbox"/> Allergies | <input type="checkbox"/> Hearing problems     |
| <input type="checkbox"/> Epilepsy            | <input type="checkbox"/> Other            |                                    |   |

If you checked any boxes above, please describe: \_\_\_\_\_

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3. Has your child had a serious operation?

Yes  No

*If yes, please provide details:*

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4. Does your child take any medication on a regular basis?  Yes  No

*If yes, please provide details:*

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5. Does your child have any special dietary restrictions?  Yes  No

*If yes, please provide details:*

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6. Does your child wear glasses or contact lenses?  Yes  No

## H. Emergency Contact (OTHER than parents/legal guardians)

Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Mobile: \_\_\_\_\_

Tel (Office): \_\_\_\_\_

Tel (Home): \_\_\_\_\_

Email: \_\_\_\_\_

## I. Lunch, Transportation and Accident Insurance

Will your child participate in the school lunch programme?

Yes

No

Will your child need School's transportation service?

Yes

No

Will your child need accident and liability insurance from the School?

Yes

No

If no, the parent/guardian must provide accident and liability insurance for the duration of the child's time in and at the School, as per the School policy setout in the Parents Handbook. This coverage must also include field trips.

## J. Payment Details

1. Tuition fee payments will be made by:

a.  Company  Parents  Other \_\_\_\_\_

b.  Annually  By Term

3. School transportation payments will be made by:

a.  Company  Parents  Other \_\_\_\_\_

b.  Annually  By Term

2. Lunch fee payments will be made by:

a.  Company  Parents  Other \_\_\_\_\_

b.  Annually  By Term

If you checked  'Company' in any of the three questions above, please provide details:

Contact person: \_\_\_\_\_

Company/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### 3. Payment

Fees are not transferable or refundable. Fees paid annually can be refundable according to the School's refund policy.

Fee can be paid in VN Dong, by bank transfer or in cash.

Payment due:

- Cash receipt in School Office or fund arrival in the School's bank account prior or on the dates mentioned in the invoice. There is a 10% penalty added to any outstanding balance past due.
- Whether the Parent or employer of one of the Parents pays the tuition, the Parent will take full responsibility to ensure full payment is settled before their child might commence classes at the School.

Bank transfer details:

<u>For VN Dong transfer:</u>	<u>For USD transfer:</u>
Bank: HSBC Bank (Vietnam) Ltd.	Bank: HSBC Bank (Vietnam) Ltd.
Add: The Metropolitan 235 Dong Khoi Str., Dis. 1, HCMC, Vietnam	Add: The Metropolitan 235 Dong Khoi Str., Dis. 1, HCMC, Vietnam
Account Name: HOANG THI ANH MINH	Account Name: HOANG THI ANH MINH
Account Number: 001-043181-041	Account Number: 001-043181-141
SWIFT: HSBCVNVX	SWIFT: HSBCVNVX

All bank fees (from sending and receiving banks) to be covered by Sender.

Cash payment at School Office

Contact: Ms. Dao Thi My Chau

Tel, fax: (08) 37442639

Email: montessoriacc@gmail.com

# APPLICATION CHECKLIST

Students's Name: \_\_\_\_\_

- Non-refundable application fee

**NOTE: Applications cannot be processed without payment of application fee**

- Completed Application Form (5 pages)
- Terms and Conditions for Enrolment and Admissions
- Completed Lunch and Transportation Request Form (if applicable)
- Copy of Student's birth certificate
- Copy of Student's passport and visa (original must be available)
- Report from last school, if available
- Completed Publicity Release Form
- Completed Liability Release Form
- Completed Consent for Treatment Form
- Pick-up Permission Card with photos on (Parent/Guardian keeps one copy for pick-up)
- Copy of current vaccination/immunization record
- Copy of Parents'/Guardians' passport/ID
- 2 passport photos

#### Parent(s)/Legal Guardian(s) Agreement

Submitting this application confirms agreement with the following:

1. The parent(s)/legal guardian(s) and student will abide by Montessori International School of Vietnam policies and procedures.
2. The parent(s)/legal guardian(s) understand and agree that academic or diagnostic testing may be administered to the student.
3. The School has the right to keep all the information that parent(s)/legal guardian(s) submit with the application.
4. Parent(s)/legal guardian(s) agree to pay all fees according to the School policy.
5. The parent(s)/legal guardian(s) agree to inform the school if any given information described in this application form changes.
6. I/We certify that the information provided in this application is accurate and complete.

\_\_\_\_\_  
Parent/Legal Guardian Signature and Full Name

\_\_\_\_\_  
Date (Day/Month/Year)

\_\_\_\_\_  
Parent/Legal Guardian Signature and Full Name

\_\_\_\_\_  
Date (Day/Month/Year)