



MONTESSORI HOUSE
BRUSSELS

177, Av. De Tervueren 1150 Brussels

Tel.: 02/733.63.55

info@montessoribrussels.org

Application for Admission

Applying for programme: _____

Academic year: _____

Child's Details

Surname: _____ First name: _____

Gender: M _____ F _____ Date of birth: _____

Expected date of entry: _____

Envisaged duration of enrolment: _____

Native language: _____ Exposed to other languages: _____

Siblings - Name and date of birth: _____

Previous crèche / school attended: _____

Montessori experiences: _____

Parents' details

Father's name: _____

Email address: _____

Mother's name: _____

Email address: _____

Please tell us how you found out about our school (friends, social media, website, advertisement, other): _____