

APPLICATION FORM / GENERAL INFORMATION

ÉCOLE MONTESSORI CASABLANCA - NOURISHING THE HUMAN POTENTIAL

THE HOUSE OF YOUTH (12 TO 18 YEARS OF AGE)



ADMISSION PROCEDURE

1. Visit & introduction to Montessori
2. Submission of application
3. Parent interview
4. Applicant Interview
5. Notification of decision

Please include with this application form

- 3 pictures of your child
- Health form filled by a physician
- Birth certificate (if Moroccan, both in Arabic and French required)
- Application Fee
- School Transcripts for the past 3 years
- Student Statement
- Parent Recommendation
- School Recommendation forms should be sent directly to EMC from the school

DATE OF APPLICATION

PREFERRED START DATE

INFORMATION ABOUT THE APPLICANT

First Name :

Last Name :

Date of birth :

Citizenship 1 :

Citizenship 2 :

Male

Female

Address :

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.....

Country of Residence :

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PREVIOUS MONTESSORI EXPERIENCE

School Name :

Level(s) attended :

Address :

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City :

Country :

Name of Principal :

Phone number :

Website :

CURRENT SCHOOL (IF OTHER)

School Name :

Level(s) attended :

Address :

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City :

Country :

Name of Principal :

Phone number :

Website :

PREVIOUS SCHOOLS ATTENDED IN THE PAST THREE YEARS (IF OTHER)

School Name :

Level(s) attended :

Address :

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City :

Country :

Name of Principal :

Phone number :

Website :

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WHAT LANGUAGES DOES THE APPLICANT SPEAK AND WHAT IS HIS/HER LEVEL IN EACH?

	Beginner	Intermediate	Fluent
Language 1 :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language 2 :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language 3 :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WHAT DOES THE APPLICANT LIKE TO DO IN HIS/HER FREE TIME?

<input type="checkbox"/> Reading	<input type="checkbox"/> Music	<input type="checkbox"/> Games (precise the type)
<input type="checkbox"/> Nature play/activities	<input type="checkbox"/> TV	<input type="checkbox"/> Video Games
<input type="checkbox"/> Art	<input type="checkbox"/> Sports	<input type="checkbox"/> Other :

FAMILY INFORMATION

FATHER

Name & Surname :

Date of birth: Occupation:

Address :

.....

.....

Email : :Do you check it regularly? Yes No

Phone :

Level of English: None Understand some English I speak English Fluent

MOTHER

Name & Surname :

Date of birth: Occupation:

Address :

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Email : :Do you check it regularly? Yes No

Phone :

Level of English: None Understand some English I speak English Fluent

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SIBLINGS

Name Surname / Age / School :

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..... / /

Why are you interested in The House of Youth?

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Do you know any of our community members?

Yes No

Name..... Relationship:

Name..... Relationship:

Name..... Relationship:

EMERGENCY CONTACTS (if your are not available)

Name..... Surname: Phone :

Name..... Surname: Phone :

Name..... Surname: Phone :

By signing below, I hereby agree to the terms and conditions of the school policy and tuition plan. I certify that all the above is true and agree that pictures of my child can be taken and used by the school.

First & Last Name :

Date : Signature :