

APPLICATION FORM

Marymount School, PARIS

SIDE ONE OF FOUR

Date received: _____ / _____ / _____
day / month / year

Please attach
photo of student

For academic year _____ Applying for Grade _____ Current Grade _____

APPLICANT INFORMATION

Name: _____
First Name (Preferred First Name) Middle Name(s) Last Name

Gender: Boy Girl Date of birth: _____
Day Month (in full) Year

Place of birth: _____ Nationality/-ies: _____

Religion: _____ Expected start date: _____

SCHOOL SERVICES

Applicant will require school bus transportation. Yes *(Please complete bus form)* No Unsure

Applicant will enroll in the hot lunch program. Yes No Unsure

FAMILY INFORMATION

Local address (Paris/Paris area) _____

Permanent address (if not in Paris) _____

Telephone number during Admissions process: _____

Mother's Details:

Nationality: _____

Surname: _____

First Name: _____

Occupation: _____

Company: _____

Position: _____

Personal email: _____

Work email: _____

Home phone: _____

Work phone: _____

Mobile phone: _____

Parent's Marital status: Married Separated Divorced Widowed

If single or divorced applicant lives with _____
Name Relation to applicant

Father's Details:

Nationality: _____

Surname: _____

First Name: _____

Occupation: _____

Company: _____

Position: _____

Personal email: _____

Work email: _____

Home phone: _____

Work phone: _____

Mobile phone: _____

SIDE TWO OF FOUR

SCHOOL HISTORY

Please list the details of the current and the previous two school(s) attended below.

	School Name, City, Country	Dates Attended day/month/year	Last Completed Grade	Type of Curriculum American/British/Other
1				
	Tel. number:			
	Website:			
2				
	Tel. number:			
	Website:			
3				
	Tel. number:			
	Website:			

Has the applicant previously applied to Marymount School, Paris? Yes No

Has the applicant previously been enrolled at another Marymount school? Yes No

If yes, please name the school: _____ Dates attended _____

Have any of the applicant's relatives/friends ever attended a Marymount school?

_____ Name _____ Relation to applicant _____ School _____ Dates Attended _____

_____ Name _____ Relation to applicant _____ School _____ Dates Attended _____

Please list the applicant's siblings from oldest to youngest:

_____ Name _____ Current Grade _____

- Enrolled at Marymount
 Applying to Marymount
 Other: _____

_____ Name _____ Current Grade _____

- Enrolled at Marymount
 Applying to Marymount
 Other: _____

_____ Name _____ Current Grade _____

- Enrolled at Marymount
 Applying to Marymount
 Other: _____

_____ Name _____ Current Grade _____

- Enrolled at Marymount
 Applying to Marymount
 Other: _____

SIDE THREE OF FOUR

APPLICANT LEARNING PROFILE

Applicant's mother tongue(s) _____

Languages spoken at home Mother to child: _____

Father to child: _____

Between siblings: _____

Between parents: _____

Applicant's language skills

English:

Reading	<input type="radio"/> Beginner	<input type="radio"/> Intermediate	<input type="radio"/> Advanced	<input type="radio"/> Fluent
Writing	<input type="radio"/> Beginner	<input type="radio"/> Intermediate	<input type="radio"/> Advanced	<input type="radio"/> Fluent
Speaking	<input type="radio"/> Beginner	<input type="radio"/> Intermediate	<input type="radio"/> Advanced	<input type="radio"/> Fluent
Understanding	<input type="radio"/> Beginner	<input type="radio"/> Intermediate	<input type="radio"/> Advanced	<input type="radio"/> Fluent

Applicant's language skills

French:

Reading	<input type="radio"/> Beginner	<input type="radio"/> Intermediate	<input type="radio"/> Advanced	<input type="radio"/> Fluent
Writing	<input type="radio"/> Beginner	<input type="radio"/> Intermediate	<input type="radio"/> Advanced	<input type="radio"/> Fluent
Speaking	<input type="radio"/> Beginner	<input type="radio"/> Intermediate	<input type="radio"/> Advanced	<input type="radio"/> Fluent
Understanding	<input type="radio"/> Beginner	<input type="radio"/> Intermediate	<input type="radio"/> Advanced	<input type="radio"/> Fluent

Has the applicant previously been enrolled in an ESL/EAL program? Yes No
(English as a Second Language/English as an Additional Language)

Has the applicant ever received support in the following areas?
(If yes, please enclose a letter from relevant teachers/professionals.)

Speech/Language Therapy	<input type="radio"/> Yes	<input type="radio"/> No	Learning Support Services	<input type="radio"/> Yes	<input type="radio"/> No
Occupational/Physical Therapy	<input type="radio"/> Yes	<input type="radio"/> No	Gifted/Talented	<input type="radio"/> Yes	<input type="radio"/> No
Guidance Counselor (behavioral/emotional)	<input type="radio"/> Yes	<input type="radio"/> No			

Has the applicant ever followed an Individualized Education Plan? Yes *(please provide report)* No

Has the applicant ever been recommended for or received a diagnostic evaluation
or a psycho-educational evaluation? Yes *(please specify below and provide report)* No

Please indicate any other information you feel would be helpful/relevant:

Full and accurate information about your child's application is essential for the Admissions Committee to assess Marymount's ability to provide the best educational program. If you do not provide us with this information during the admissions process, Marymount will be unable to fulfill its educational commitment to you and your child and may result in denial of admissions or a reversal of an admissions decision for an already enrolled student.

Please continue overleaf

SIDE FOUR OF FOUR

FEES AND CONDITIONS

- The application form must be accompanied by the non-refundable application fee. (*see current Fee Schedule*)
- Admission is for an entire academic year, or from the time a student is admitted to the end of that academic year.
- Acceptance of this application by the school constitutes a binding contract between the School and the student's parents, and gives rise to an obligation of joint and severable liability on the signatories to pay the entire fee specified in the tuition schedule. There is no reduction in the fees for absence, withdrawal or expulsion. If the fees are not paid by the payment dates fixed by the School as stated in the current fee schedule, interest will be charged accordingly. No diploma or scholastic records will be released until all financial commitments to the school have been met.
- The School reserves itself the right at any time to expel any student who is an unsatisfactory member of the school community. If the School believes that a student's conduct, on or away from campus, indicates that the student is unable or unwilling to conform to the ideals and objectives of the School, parents will be requested to withdraw the student immediately, even though there may have been no breach of any specific School rule.

As parent/guardian of the applicant:

I authorize authorize for Yearbook only do not authorize Marymount School, Paris to publish photographs containing my child in the prospectus, brochures, website and other publications arranged and distributed by Marymount School, Paris for informative and promotional purposes.

I declare to be aware of my rights pursuant to Law 78-17 modified – art. 38 to 43 – in relation to the treatment of personal data, particularly I have a right to access, amend and cancel their personal data.

I authorize Marymount School, Paris to only use the data contained in the present application form for institutional purposes of the School (Law 78-17 modified – art. 32) and not for any promotional purposes.

We have carefully read the above. We understand that once this application is accepted we will have entered into a contract with the school and we agree to comply with the terms stated above and to fully accept the conditions set out in the present application form and in the rules and schedule of fees mentioned above, and in particular in the clause headed "Fees and Conditions".

Signatures Father: _____ Mother: _____ Date: _____

Name of relocation agent : _____ Name of relocation company: _____

Billing address

Please provide the address where the Business Office must send all invoices:

Contact Person: _____

Company: _____

Address: _____

Phone: _____

Email: _____

Marymount School, Paris
Admissions Office

Application Checklist

Applications are not reviewed until all information has been received :

- completed application form (four pages)
- non-refundable application fee
- school records for the previous three school years
- letter(s) of recommendation from teachers
- letters from support specialists as necessary
- results of special academic or psychological educational evaluations (if applicable)
- standardized achievement, intelligence or aptitude scores (if applicable)

EARLY CHILDHOOD QUESTIONNAIRE Marymount School, PARIS

Early Years Program (age 3-4) Pre-Kindergarten (age 4-5) Kindergarten (age 5-6)

THIS PAGE IS TO BE COMPLETED BY THE APPLICANT'S PARENT OR GUARDIAN.

Once completed, please pass this form on to your child's teacher, who is to complete the recommendation overleaf and forward the completed form directly to the Admissions Office (*by scanned email, fax, or post*). If your child is entering school for the first time, please complete the entire form and return to the Admissions Office.

Name of student: _____

Applying for grade: _____ Date of entry: _____ / _____ / _____
day month year

Please tell us who is completing this page. Include your name and your relationship with the applicant.

Describe, if any, what pre-school experience your child has had.

Please be sure to include the following: name and location of school; half-day or full-day program; number of days per week; any other relevant information

Please give a description of your child's personality. Be sure to note any special interest he/she has, and things he/she likes to do.

Is your child completely toilet-trained? Please circle as appropriate. Yes No

Applicable only to students entering the Early Years Program or Pre-Kindergarten.

Applicable only to students entering the Early Years Program or Pre-Kindergarten.

Signature: _____ Date : _____ / _____ / _____
day month year

Continue overleaf

TEACHER RECOMMENDATION - EARLY CHILDHOOD APPLICATION

If your child is entering school for the first time, parents should complete this page and return to the Admissions Office.

THIS SECTION IS TO BE COMPLETED BY THE APPLICANT'S CURRENT TEACHER (where applicable).

Once completed, please forward this form directly to the Admissions Office at Marymount School (by scanned email, fax, or post).

Name of student: _____

Name of teacher: _____ Email address: _____

Relationship with student: _____ I have taught this student for _____

Please describe your classroom environment, mentioning type of program, class size, structure, and style of learning: _____

Please rate the applicant as satisfactory (S), developing (D), or in need of attention (NA) for each of the following categories.

	S	D	NA		S	D	NA
Relationship with peers				Fine motor skills			
Willingness to share				Large motor skills			
Self-control				Speech development in mother tongue			
Acceptance of limits				Group listening and participation			
Adaptation to new situations				Following directions			
Demonstration of self-help skills				Cooperative work			
Understandable articulation when communicating with adults and peers				Independent work			

Has the applicant been recommended for any of the following assessments?

Individualized Educational Plan (IEP) Yes No Speech Therapy Yes No
 Psycho-educational evaluation Yes No Occupational Therapy Yes No

Please describe any special teaching or testing accommodations or modifications that have been made for this applicant (where applicable) _____

Have the applicant's parents been supportive of the school and cooperative in working with teachers, counselors, and administrators? _____

Please provide any additional information that will be helpful to us in evaluating this candidate, including details of how we might best meet his or her individual needs. _____

This candidate is:

Recommended without reservation Highly recommended
 Recommended with reservation Not recommended

Signature: _____ Date : _____ / _____ / _____
day / month / year

HEALTH FORM SIDE ONE

Marymount School, PARIS

TO BE COMPLETED AND SIGNED BY A DOCTOR AFTER CHILD'S PHYSICAL EXAMINATION

ALL HEALTH FORMS ARE REQUIRED TO BE COMPLETED
& SIGNED (BOTH SIDES), BEFORE STARTING SCHOOL

Academic Year _____

MEDICAL HISTORY

Pupil's Name: _____ Date of Birth: _____ Sex
Age: _____ Weight (kg): _____ Height (cm): _____
Date of Last physical examination: _____ Date of last vision test: _____
Date of last dental examination: _____ Date of last hearing test: _____

MANDATORY VACCINATIONS REQUIRED BY FRENCH LAW

	Date	Booster Date	Booster Date
D.P.T. (Diphtheria, Pertussis Tetanus)			
Poliomyelitis			
Measles			
German measles (Rubella)			
Mumps			

Date of last tetanus vaccination: _____
(Mandatory) *date (day/month/year)*

Date of BCG: _____
(Non-mandatory) *date (day/month/year)*

Tuberculin test: _____
(Non-mandatory) *type date (day/month/year) results*

Chest X-ray _____
(Non mandatory) *date (day/month/year) findings*

Scoliosis – findings/recommendations: _____

Operations: _____

I hereby certify that the above student is able to participate in all sports and physical education activities without reservation with reservation

Please specify: _____

Doctor's Name: _____ Address: _____

Telephone: _____ Email: _____

Date _____ Doctor's Signature/Stamp _____

Please continue overleaf

HEALTH FORM SIDE TWO
TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN

Marymount School, PARIS

Is your child taking any medication, and if so, for what? _____

Do you give the Nurse permission to administer Paracetamol at her discretion? Yes No

Has your child ever spent time in a hospital? Yes No

If so when and why? _____

Does your child have impaired vision? Yes No

Does your child wear glasses or contact lenses? Yes No

Does your child have impaired hearing? Yes No

Does your child have any physical handicap? Yes No

If yes, please specify: _____

Does your child have any special dietary requirements/eating disorders? Yes No

If yes, please specify: _____

Has your child had any of the following childhood diseases?

Chicken pox Measles German Measles Mumps Scarlet Fever

Asthma/Allergies Other: _____

Has a psychologist ever been consulted concerning your child's behavior or school performance?

Yes No

Please write in any other information regarding your child's health that you feel we should know:

EMERGENCY PROCEDURE IN CASE OF ACCIDENT OR SUDDEN ILLNESS

Please provide telephone numbers the Nurse should use to contact you in case of an accident or sudden illness of your child. **Please check the box next to the number she should call first.**

Home: _____
Number

Father cell: _____ Mother cell: _____

Father work: _____ Mother work: _____

Please specify below (childminder, nanny, etc.)

Other 1: _____
Number

Other 2: _____

I give my permission to Marymount School, Paris, to make any medical decision, including surgical intervention in matters of emergency.

Parent/Guardian Signature _____

Date _____

SACRAMENTAL RECORDS/HISTORY

(Catholic students only)

Marymount School, PARIS

Student's Name _____
(Family Name) (First Name) (Middle Name)

Date of birth: _____
(Month in full) (Day) (Year) Current grade: _____

Previous Parish: _____
(Parish Name) (Address)

Baptism: _____
(Church) (Location) (Date: day/month/year) Please submit a photocopy of the Baptismal Certificate

First Communion: _____
(Church) (Location) (Date: day/month/year)

First Reconciliation: _____
(Church) (Location) (Date: day/month/year)

Confirmation: _____
(Church) (Location) (Date: day/month/year)

REQUEST FOR STUDENT RECORDS

Marymount School, PARIS

Please present this form to your child's current school for release of school records.

I hereby give permission for the release of all scholastic records and the result of any academic, scholastic testing, medical and personality information pertaining to my child.

All school records must be translated into English by the school or certified by an official translator. All information will be treated confidentially.

Student's Name _____ Applying for Grade _____

Date of birth: _____
Day _____ *Month (in full)* _____ *Year* _____

I request that the information be sent to: Marymount School

Admissions Office
72, boulevard de la Saussaye
92200 Neuilly-sur-Seine
FRANCE

Signature of Parent or Guardian: _____

Date : _____ / _____ / _____
day *month* *year*

No action can be taken on any application until all school records have been received.