

# 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*

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: \_\_\_\_\_

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## 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)

# TEACHER RECOMMENDATION FORM

GRADE 1 - 5

Marymount School, PARIS

Confidential recommendations from present class teacher should accompany each transcript.

Name: \_\_\_\_\_ Applying for Grade: \_\_\_\_\_

School: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

Subjects taught: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

To the person making the rating: Marymount School is a private Catholic school following the American curriculum. Please evaluate this applicant in terms of his/her ability to succeed at Marymount. For each item, please circle the number which in your opinion best applies to the applicant according to the following categories.

	1-Outstanding	2-Above average	3-Average	4-Below Average
1 Academic motivation and study habits	1	2	3	4
2 Academic potential.	1	2	3	4
3 Maturity in comparison with others of the same agee	1	2	3	4
4 Cooperation with other students.	1	2	3	4
5 Consistency in completing assigned work.	1	2	3	4
6 Relationship with adults	1	2	3	4
7 Proficiency with English language skills.	1	2	3	4
8 Over-all recommendation.	1	2	3	4

Please comment briefly on the following items:

9 Special interests or talents \_\_\_\_\_

10 Physical Handicaps (if any) \_\_\_\_\_

11 Emotional Stability \_\_\_\_\_

12 Please list main textbooks used in your class: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

13 Please feel free to offer any additional information you think may be helpful in our understanding of the applicant. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Teacher \_\_\_\_\_

Position \_\_\_\_\_ Date \_\_\_\_\_

We are extremely grateful for your assistance and thank you for giving your time to this matter.

# 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.