

Application form for the admission procedure at the Bilingual Montessori School Ingelheim



Please attach a recent photo
of your child here.

☐ 2025/2026

☐ 2026/2027

☐ Start at the beginning of the school year

☐ Start at the beginning of the next semester, if possible

Details of the pupil

Name: _____ First name (first name underlined): _____

Date of birth: _____ ☐ boy ☐ Girl ☐ Divers

Place of birth und Land of birth: _____

If not born in Germany: In Germany since: _____

Street/ No.: _____

Postal code: _____ City: _____ Stadtteil: _____

Citizenship(s): _____

Registration for the year: _____

My son/my daughter currently attends the _____ grade level at the _____ school.

Address of school: _____

He/she currently attends kindergarten: _____ in _____

Name and address of the assigned school: _____

Year of enrollment according to assigned school: _____

Language(s): _____
(Language mainly spoken at home underlined)

Denomination: ☐ Catholic ☐ Protestant ☐ _____ ☐ No denomination

☐ Siblings at the Montessori school: ☐ yes ☐ no

Family situation

Parents are: ☐ married ☐ divorced ☐ remarried

Mother/father is: ☐ single parent

The child lives: ☐ with the parents ☐ with the mother ☐ with the father ☐ with: _____

Legal guardian is/are: ☐ Mother ☐ Father ☐ _____ ☐ _____

The child is my/our: ☐ natural child ☐ foster child ☐ adopted child

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Contact details of the parents/ legal guardians

Mother/ custodian:

Name: _____

Address: _____

Phone: _____

E-Mail: _____

Profession: _____

Place and date: _____

Signature: _____

Father/ custodian:

Name: _____

Address: _____

Phone: _____

E-Mail: _____

Profession: _____

Place and date: _____

Signature: _____

☐ We have already taken part in an information evening or open day.
(Participation in an information evening or open day is welcome)

Details of previous education

Has an application for early enrollment been submitted? ☐ yes ☐ no

Was a class: ☐ repeated? ☐ skipped?

Recommendation (for applications from grade five): ☐ Gymnasium ☐ Realschule+

Participation in extracurricular activities: ☐ no ☐ Speech therapy ☐ Ergotherapy
☐ Psychomotricity ☐ other: _____

Additional information about the child

Does your child have a medically diagnosed need for support?	<input type="checkbox"/> yes <input type="checkbox"/> no
To the best of your knowledge, does your child have learning difficulties?	<input type="checkbox"/> yes <input type="checkbox"/> no
Does your child have physical difficulties?	<input type="checkbox"/> yes <input type="checkbox"/> no
If yes, which one: _____	
Does your child have psychological difficulties?	<input type="checkbox"/> yes <input type="checkbox"/> no
If yes, which ones: _____	
Has your child been diagnosed with dyslexia?	<input type="checkbox"/> yes <input type="checkbox"/> no
Has your child been diagnosed with dyscalculia?	<input type="checkbox"/> yes <input type="checkbox"/> no
Has your child been diagnosed with ADHD?	<input type="checkbox"/> yes <input type="checkbox"/> no
Has your child been diagnosed with ADD?	<input type="checkbox"/> yes <input type="checkbox"/> no
Does your child have a particular visual or hearing impairment?	<input type="checkbox"/> yes <input type="checkbox"/> no
If yes, which one: _____	
Does your child have any physical disabilities?	<input type="checkbox"/> yes <input type="checkbox"/> no
If so, which one: _____	
Does your child have allergies or food intolerances?	<input type="checkbox"/> yes <input type="checkbox"/> no
If so, which one: _____	
Does your child take medication regularly?	<input type="checkbox"/> yes <input type="checkbox"/> no
If yes, which one: _____	
Does your child have a chronic illness?	<input type="checkbox"/> yes <input type="checkbox"/> no

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If yes, which one: _____

If yes, does your child need additional care?

☐ yes ☐ no

Does your child take part in therapy?

☐ yes ☐ no

If yes, which one: _____

If your child has been admitted to a special educational assessment
proceedings filed or is this intended?

☐ yes ☐ no

Has a support status been determined for your child?

☐ yes ☐ no

If so, which one: _____

Does your child need an integration assistant?

☐ yes ☐ no

Notes: _____

If you have answered "yes" to any of these questions, please provide your explanations on an additional sheet
or paper or attach all relevant documents to the application.

Further information

Why should your child attend the Bilingual Montessori School? What are your expectations?

(Please use a separate sheet if necessary)

Briefly characterize your child

(Please use a separate sheet if necessary)

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Necessary documents

Please attach these in full to this application. We ask for your understanding that incomplete applications for admission cannot be processed any further. Thank you very much.

- ☐ Photo of the child
- ☐ Birth certificate of the child
- ☐ Report cards (for applications from the third grade onwards we require a copy of the report cards from the last two school years. For applications from the fifth grade and above, we require a copy of the report cards from the third grade)
- ☐ Official medical examination for school readiness (as soon as available)
- ☐ Relevant documents supporting the "Additional information on the child"
- ☐ Result of the enrollment test at the assigned elementary school (please submit later if not yet available)
- ☐ For single parents: Court judgment/ negative certificate from the youth welfare office
- ☐ For cohabiting couples: Declaration of custody of the child's father/mother

By signing this form, I/we confirm that the information provided is correct to the best of my/our knowledge and belief.

We undertake to inform the school immediately of any changes relevant to the school.

Place, date

Signature of mother/ legal guardian

Place, date

Signature of father/ legal guardian

Release from the duty of confidentiality

(the release from confidentiality can be given voluntarily. Please delete as applicable)

I / we hereby release _____
(Name of the legal guardian(s))

the kindergarten / school _____
(Name and address of the institution)

vis-à-vis the Bilingual Montessori School Ingelheim (represented by the learning guide or school management) by the
confidentiality of my child _____
(First and last name of the child)

My/our consent is freely given. I/we can revoke my/our decision at any time in the future. I and my / we
and our child will not suffer any disadvantages if we do not give our consent.

Place, date

Signature of mother/ legal guardian

Place, date

Signature of father/ legal guardian