

**Enrolment form Association Montessori International (3-6)
2019-2020**

Please fill in this form, sign it and send it with the required documents by email
to: info@imi-global.nl

Enrolment requirements:

- copy passport/ID,
- current resume,
- certified copies of all academic transcripts,
- signed reference letters,
- short essay (written in the applicant's own words)

PERSONAL INFORMATION

Family name: _____

First name(s): _____

Given name: _____

Date of birth (dd/mm/yy): ____ - ____ - _____

Place of birth: _____

Country of birth: _____

Nationality: _____

I am: male female other

Social security number: _____

Permanent address in home country: _____

Postal code _____ City: _____

Country: _____

Telephone: _____ Mobile: _____

Email address: _____

Skype name: _____

EMPLOYER INFORMATION

Name employer (full name): _____



Address employer: _____

Postal code _____ City: _____

Country: _____

Phone number: _____

Email: _____

Present job: _____

Division: _____

FINANCIAL INFORMATION

Invoice to: student or
 employer (PLEASE FILL OUT THE APPENDIX "PAYMENT BY EMPLOYER").

Payment full amount at once
 in 4 instalments (*)

(*) If paid in instalments, the first instalment will be increased with € 150 for administration fees

Statement

The undersigned (the participant) hereby declares to have read and hereby agree with the application requirements of The International Montessori Institute (see attached).

Place: _____ Date: _____

City: _____ Country: _____

Name (in capitals): _____

Signature: _____

Payment by employer

Association Montessori International (3-6) 2019-2020

If an employer pays for this programme instead of the participant, the information below has to be filled out and signed by an authorized person of the employer. The enrolment requirements of The International Montessori Institute are applicable.

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The undersigned declares to take over the payment obligation associated with the enrolment of the student for this programme.

Data of participant:

Name and initials: _____

Enrolment for programme (name): _____

Data for invoice:

Name of paying organization: _____

Address/P.O. Box: _____

Postal code/city: _____ Country: _____

Contact person: _____

Telephone: _____

Email: _____

Purchase order: _____

Invoice by email: yes no

Email address for invoice: _____

Name (in capitals): _____

Place: _____ Date: _____

Signature: _____