



## Enrolment form Association Montessori International (6-12) 2022-2023

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

Second Nationality (if applicable): \_\_\_\_\_

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.

Place: \_\_\_\_\_ Date: \_\_\_\_\_

City: \_\_\_\_\_ Country: \_\_\_\_\_

Name (in capitals): \_\_\_\_\_

Signature: \_\_\_\_\_

### **Payment by employer**

#### **Association Montessori International (6-12) 2022-2023**

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: \_\_\_\_\_