

## APPLICATION FOR ADMISSION

1. STUDENT INFORMA	ATION (please print clear	ly)
Family Name		
First Name		
Preferred Name		
Date of Birth: day		
Gender: female $\square$ male $\square$		
Nationality:		
Native Language:		
Strongest Academic Language		
Last Grade Level:		
Date of Arrival in Skopje:		
Expected Enrollment Date:		
Expected Grade:		
Home Address in Skopje:		
Telephone:		
2. PARENT/GUARDIAN  Name and surname:		
Telephone:		
Name and surname:		
Telephone:		
Emergency contact names and	numbers (other than pare	nts)
Name:		Telephone:
Name:		Telephone:

International School Maximilian IB World School School Code: 062174 Blvd. 8<sup>th</sup> September no.14 1000 Skopje, R.N.Macedonia www.maximilian.edu.mk info@maximilian.edu.mk





## Previous schools attended (from most recent)

Name of School		Country	Da	Dates &	
Grades attended					
	/		/		
	/		/		
Language considered being the	e applicant's "native lang	guage:			
Languages spoken at home:					
	** 1 1	Q 1	<b>D</b> 1	***	
Other languages:	Understand	Speak	Read	Write	
1					
2.					
3.					
J					
Students with special needs w	rill be considered for ad	lmission on an i	ndividual bas	sis. Part oj	
the admissions process will	be used to determine	whether an a	ppropriate p	rogram oj	
instruction can be offered to m	neet the applicant's educ	ational needs.			
Has an individual education pl	an been drawn up for yo	our child so far?			

\*Student data, information/guardians are treated with special attention and are used only for the purpose of enrolling the student in International School Maximilian.

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