APPLICATION FOR STUDENT ENROLLMENT IN THE FIRST GRADE

1. *STUDENT INFORMATION (please fill in legibly)*

Last name: _____

First name: _____

Date of birth: day_____ month_____ year _____

Gender: female □ male □

Nationality: _____

Native Language: _____

Strongest Academic Language: _____

Expected Enrollment Date: _____

Expected Grade: _____

Home Address in Skopje: _____

Telephone:_____

2. *PARENT/GUARDIAN INFORMATION*

Name and surname: _____

Telephone: _____ Email 1: _____

Name and surname: _____

Telephone: _____ Email 2: _____

Emergency contact names and numbers (other than parents)

Name: _____ Telephone: _____

Name:_____ Telephone: _____

Language considered being the applicant's "native language:

_____

Languages spoken at home:

_____

Other languages:	Understand	Speak	Read	Write
1. _____	□	□	□	□
2. _____	□	□	□	□

Меѓународно училиште Максимилијан
IB World School
Код на училиште: 062147
Бул. 8ми Септември бр.14
1000 Скопје,
Република Северна Македонија
www.maximilian.edu.mk
info@maximilian.edu.mk

1

3. _____   ☐   ☐   ☐   ☐

Students with special needs will be considered for admission on an individual basis. Part of the admissions process will be used to determine whether an appropriate program of instruction can be offered to meet the applicant's educational needs.

Has an individual education plan been drawn up for your child so far?

☐ Yes   (Please state the condition)

_____

☐ No

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