



STUDENT ADMISSION APPLICATION

CHILD'S INFORMATION *(please provide the correct information as registered in the document)*

First Name	<input type="text"/>	Last Name	<input type="text"/>
Middle Name	<input type="text"/>	Nickname	<input type="text"/>
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth <i>(dd/mm/yyyy)</i>	<input type="text"/>
Estonian Personal ID code	<input type="text"/>		
Nationality	<input type="text"/>	Citizenship	<input type="text"/>
Mother tongue	<input type="text"/>		
Other languages <i>(level i.e beginner)</i>	<input type="text"/>		
Name(s) & age(s) of sibling(s)	<input type="text"/>		

Previous Education *(i.e nursery, preschool, kindergarten)*

Name of School | Country | School Year | Level

ENROLLMENT INFORMATION *(please check our website for the details)*

Choose Academic Year ☐ 2024/2025

Expected Starting Date
(dd/mm/yyyy)

Requested Group and Schedule

<input type="checkbox"/> Daycare Group (1.5 - 2 y.o.)	Number of Days a Week	<input type="text"/>
<input type="checkbox"/> Small Group (2 - 3 y.o.)	Time of Pick-up	<input type="checkbox"/> 12:30 <i>(Daycare Group only)</i>
<input type="checkbox"/> Mixed Group (3 - 7 y.o.)		<input type="checkbox"/> 15:00
		<input type="checkbox"/> 18:00

Expected length of the entire enrollment



Child's position according to target group map

- ☐ Siblings of currently and previously enrolled students
- ☐ Children of diplomats
- ☐ Children of employees of the European Union institutions and agencies
- ☐ Children of foreigners living and working in Estonia
- ☐ Local children whose mother tongue / dominant language is Estonian or Russian
- ☐ Other

ADDITIONAL SUPPORT

Does the child have any dietary restrictions? (*incl. food allergies*) ☐ Yes ☐ No

Are there any medical concerns or special needs? ☐ Yes ☐ No

Has the child ever had a psychological/academical assessment? ☐ Yes ☐ No

Please, specify:

PARENTS'/GUARDIANS' INFORMATION

Parent/Guardian 1 (*all fields are required*)

First Name

Last Name

Estonian ID code

Email address

Tel. number

Occupation/
Employer

Home
Address

Parent/Guardian 2 (*all fields are required*)

First Name

Last Name

Estonian ID code

Email address

Tel. number

Occupation/
Employer

Home
Address

Date (*dd/mm/yyyy*):

Parents' Signature(s):