

# Alexander von Humboldt Schule Montreal

Deutsche Internationale Schule  
École internationale allemande  
German International School



## Application for admission as a guest student

For the school year: \_\_\_\_\_ Grade: \_\_\_\_\_ Starting date: \_\_\_\_\_

Student's first and last name		
Sex M <input type="checkbox"/> F <input type="checkbox"/>	Birth date	Birth place
Nationality (ies)		Religion
Address		
Telephone	Fax	Email
Previous school		
Languages		
Allergies   Medical conditions		
Pictures/videos of the student may be used in various school ads, brochures, on the website or in any other school publication (e.g. yearbook).  <input type="checkbox"/> yes <input type="checkbox"/> no		

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Baie d'Urfé (Québec)  
H9X 2H9  
Canada  
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F. +1 (514) 457-2885  
[avh@avh.montreal.qc.ca](mailto:avh@avh.montreal.qc.ca)  
[www.avhmontreal.ca](http://www.avhmontreal.ca)

**Please enclose the following:**

- Copy of the international birth certificate
- Copies of the last two report cards
- Annex "Information on the parents"
- Curriculum vitae (1 page)

**Please note:**

At Alexander von Humboldt School smoking is forbidden in the building, on the premises and in the immediate vicinity. Drugs are not tolerated. According to Quebec law, youth under 18 are not allowed to consume alcohol. Violating these rules of the host country may result in the early termination of a student's stay.

Students whose academic performance does not meet the requirements and who clearly do not make any effort to improve must expect to leave school after the first term. Understandably, the stay at the host school is not meant to be a 'holiday'.

By signing this registration form, the parent(s) / legal guardian(s) accept the current by-laws of the school.

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

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The student \_\_\_\_\_ has been accepted into Grade \_\_\_\_\_  
for the school year \_\_\_\_\_ at the **Alexander von Humboldt School Montreal**.

\_\_\_\_\_  
Dr. Martin Braun  
Principal

\_\_\_\_\_  
Date

# Information on the parent(s) / legal guardian(s)



Name of the child: \_\_\_\_\_

## Father

Last name, first name		
Address		
Tel. home	Cell	Email private <input type="checkbox"/>
Nationality (ies)		Birth place
Occupation	Employer	
Tel. office	Fax	Email office <input type="checkbox"/>

✓ Please tick email addresses for AvH correspondence (max 2).

## Mother

Last name, first name		
Address		
Tel. home	Cell	Email private <input type="checkbox"/>
Nationality (ies)		Birth place
Occupation	Employer	
Tel. office	Fax	Email office <input type="checkbox"/>