



APPLICATION FOR ENROLMENT

Family Name of Child:

Given Name(s):

Sex:

Date Of Birth:

Sibling of Current Student? Yes No

Immunisation Status: Full Partial Unimmunised

School has been provided with AIRS - Australian Immunisation Register Statement

NATIONALITY

Country of Birth: _____ Australian Citizen Other _____

If student is a permanent or temporary visa holder, please supply the following information:

Current Visa Sub-Class: _____ Expiry Date: _____

Is the student of Aboriginal or Torres Strait Islander origin?

No Aboriginal Torres Strait Both Aboriginal and Torres Strait Islander

DETAILS OF PARENT/GUARDIAN 1

Title: _____ First Name: _____ Surname: _____

Postal Address: _____

Residential Address: _____

Suburb: _____ Post Code: _____ Mobile: _____

Home Phone: _____ Email: _____

Place of employment & occupation: _____

Work Phone: _____

DETAILS OF PARENT/GUARDIAN 2

Title: _____ First Name: _____ Surname: _____

Postal Address: _____

Residential Address: _____

Suburb: _____ Post Code: _____ Mobile: _____

Home Phone: _____ Email: _____

Place of employment & occupation: _____

Work Phone: _____

Fees paid by: _____ Email for accounts: _____

CUSTODY

Child resides with: both parents mother only father only shared custody

Are there any Court Orders regarding the day to day care of the child? Yes NO

If yes, please attach a copy and detail care arrangements: _____

CHILD DEVELOPMENT/ DISABILITY/ LEARNING DIFFICULTY / MEDICAL CONDITIONS

This information will assist the School Principal to consider whether any specific or additional resources are required and available to assist the School in providing the best quality education programme for your child.

- | | |
|--|--|
| <input type="checkbox"/> Allergy – anaphylaxis | <input type="checkbox"/> Hearing Condition (e.g. Otis media) |
| <input type="checkbox"/> Allergy – Other | <input type="checkbox"/> Intensive Health Care needs (e.g. Tube feeding) |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Diagnosed Migraine/headaches |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Seizure disorder (e.g. Epilepsy) |
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Mental Health (e.g. anxiety) |
| <input type="checkbox"/> Deaf or Hard of Hearing | <input type="checkbox"/> Behavioural (e.g. ADD/ADHD) |
| <input type="checkbox"/> Specific Speech Language Impairment | <input type="checkbox"/> Physical Disability |
| <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Vision Impairment |
| <input type="checkbox"/> Specific Learning Difficulty | <input type="checkbox"/> Other |

If YES, please specify below and attach a copy of all reports/information/diagnoses to this application.

EDUCATIONAL BACKGROUND AND PROFILE INFORMATION (including day care etc.)

1. Has your child been assessed by any school counsellor/psychologist, attended special classes or been interviewed by any other health professional for any matter that may affect his/her learning and/or behaviour in the school context?

Yes No

2. Please give details and provide copies of report: _____

3. Previous/current school enrolled in/day care/playgroup and details:

4. If applicable, current year enrolled in _____

5. If applicable, copies of latest school report and NAPLAN to be attached Report NAPLAN

ADMISSION REQUEST

Requested Admission Calendar Year: _____ Requested Year Group: _____

Requested Term of Entry: Term 1 Term 2 Term 3 Term 4 Specific Date: _____

Name of all siblings:

_____ Age: _____ Attend MRMS? Yes No

_____ Age: _____ Attend MRMS? Yes No

_____ Age: _____ Attend MRMS? Yes No

If siblings attend elsewhere, please specify _____

How did you hear about Margaret River Montessori School?

Family/Friends previously or currently attending our school

Margaret River Montessori Website

Margaret River Montessori Facebook

Internet Search

Other Montessori School or Association

Advertisement

Other, please specify _____

Your application will be acknowledged and receipted. This is not an indication that the application has been successful OR confirmation of your child's placement.

We acknowledge that we have provided all relevant information that may affect our child's transition into this school and that we have read the Prospectus and current Fee Schedule. We understand that failure to disclose any information that may impact upon our child's/children's education at MRMS could result in cancellation of the enrolment. We understand that new students are admitted on a 4-week trial period and that our agreement to pay tuition fees for the full 4-week period is not subject to adjustment because of illness or absence from the school for any cause unless prior arrangements have been made with the Margaret River Montessori School Council.

Guardianship / Custody - Name of person(s) who has legal custody / guardianship of the child:

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SIGNATURE:DATE:

(Parent / Guardian)

SIGNATURE:DATE:

(Parent / Guardian)

