

ENROLMENT APPLICATION

PLEASE COMPLETE ONE FORM PER CHILD

This application will ensure you a place on our School's waitlist and it must be accompanied by the Application Fee. This is not an Offer of Place or a Confirmation of Enrolment.

STUDENT INFORMATION

Child's Given Names:

Child's Surname:

Preferred Name:

Date of Birth:
(DD/MM/YYYY)

Gender: Male Female Other

Child's Main Language:

Citizenship:

Other Language(s)

If not Australian,
Visa Type & No:

Spoken at Home:

Aboriginal or Torres Strait Islander origin

Religion/Cultural

Preference:.....

FAMILY INFORMATION

PARENT 1 / GUARDIAN Mr Mrs Ms

Miss Dr

Given Name:

Surname:

Address:
.....

Contact #:

Occupation:

Email:

Language (other than English):

Highest level of schooling completed**

- Yr 12 or equivalent Yr 11 or equivalent
 Yr 10 or equivalent Yr 9 or equivalent

Highest level of qualification completed**

- Bachelor Degree or above Advance Diploma
 Certificate I to V No post school qualification

PARENT 2 / GUARDIAN Mr Mrs Ms

Miss Dr

Given Name:

Surname:

Address:
.....

Contact #:

Occupation:

Email:

Language (other than English):

Highest level of schooling completed**

- Yr 12 or equivalent Yr 11 or equivalent
 Yr 10 or equivalent Yr 9 or equivalent

Highest level of qualification completed**

- Bachelor Degree or above Advance Diploma
 Certificate I to V No post school qualification

**Information required by Commonwealth Government for statistical analysis

AGE GROUP OF INTEREST AND COMMENCEMENT INFORMATION

Age Group of Interest: Early Learning Primary Secondary
Commencing: ASAP Within 6 months Year 20.....
Early Learning Program: Five (5) Day Program **or** My Days are Flexible
Preferred Days Monday Tuesday Wednesday
 Thursday Friday

FAMILY INFORMATION

CUSTODIAL ARRANGEMENTS

If you are not the legal parent(s) or guardian(s) of the above child, please provide details of your relationship to the child.

.....
.....

If your relationship structure involves shared custody of the above child, please outline arrangements e.g., with whom does the child live?

.....
.....

Are there any custodial arrangements which the school should be aware including any Court Orders affecting the child. If so, please provide a copy of the Orders.

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SIBLING DETAILS

Sibling Name(s)	Gender	Date of Birth	Long Day Care, Preschool or School Currently Attending
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PREVIOUS EDUCATION

Current School: Years Attended:

Reason for Moving:

Other schools previously attended including Day Care and/or Pre-School:

..... Years Attended:

Has your child ever been asked to leave a school, long day care, pre-school or refused enrolment:

Yes No

If so, provide details:

.....

PRIORITY ACCESS: LONG DAY CARE & PRE SCHOOL AGED CHILDREN

Please tick any of the following Priority of Access Guidelines that apply to your situation:

- Priority 1: a child at risk of serious abuse and neglect
- Priority 2: a child of a single parent or parents who satisfy the work/training/study test under Section 14 of the A New Tax System (Family Assistance) Act 1999
- Priority 3: a child with a sibling already enrolled at Northside Montessori
- Priority 4: any other child

Please also tick any of the following that apply to your family:

- Aboriginal or Torres Strait Islander family
- Family that includes a disabled person
- Family with low income
- Family with culturally and linguistically diverse background
- Family who is socially isolated
- Single parent/guardian

STUDENT PROFILE

Please provide the following information, documentation with this application:

- Copy of Birth Certificate - **required**
- Copy of Australian Immunisation Register (AIR) Statement/ AIR Exemption Form/ Catch up Schedule - **required**
- Copy of previous two (2) school reports, if applicable
- JET Child Care Fee Assistance letter and code, if applicable
- Copy of Visa, if applicable
- Our child has one of the following conditions. If so, Copy of Action Plan from GP for each condition, Asthma Anaphylaxis Diabetes Allergy (Food, Environmental, Other) Other
- Our child has a food allergy, intolerance or cultural bias which may require a change to your menu. Please explain:
.....
- Our child has additional needs, details are provided below.
.....
- Copy of any specialist assessments and reports for a child with additional needs, if applicable.

HOW DID YOU HEAR ABOUT NORTHSIDE MONTESSORI

- Our Website Google/Search Social Media Word of Mouth
- Campus Drive By Directory Listing Print Advertising Other
- Referral from current Northside Montessori Family: Who?

DECLARATION

We declare that all the information provided in this Enrolment Application is true and correct.

Parent 1 / Guardian 1: Date:
Please Sign

Parent 2 / Guardian 2: Date:
Please Sign

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SUBMITTING FORM AND PAYMENT

Please return:

- i. this completed Enrolment Application form together with
- ii. all required paperwork – refer to page 3: “Student Profile” section of the Form; and
- iii. payment of the non-refundable application fee – refer to Fee Schedule,

to the Enrolment Registrar via either:

- email at enrol@northsidemontessori.nsw.edu.au or
- mail to 42 Bobbin Head Road, Pymble NSW 2073

Payment of the application fee can be made either by:

1. Electronic Funds Transfer

EFT into the following bank account:

Northside Montessori School
 BSB: 082 356
 Account: 483746463

Reference payment details with Child’s Full Name + Application Fee
 e.g.: *John Montessori, Application Fee*

Payment was made on/..... /20.....

2. Credit Card

- Visa MasterCard

Name on Card:

Card Number:

Expiry Date/..... CCV:

Amount: \$.....

Cardholder’s signature: