

## APPLICATION FOR ENROLMENT – ADOLESCENT PROGRAM

<b>Family Name of Child:</b>	<b>Date of Birth:</b>
<b>Given Name(s) of Child:</b>	<b>Gender:</b> M / F / OTHER
<b>Country of Birth:</b>	<input type="radio"/> <b>Australian Citizen</b> <input type="radio"/> <b>Other</b>
<b>Temporary or Permanent Visa holder</b>  <b>Current Visa Sub-Class:</b>  <b>Expiry Date:</b>	<b>Aboriginal or Torres Strait Islander:</b> <input type="radio"/> Aboriginal <input type="radio"/> Torres Strait Islander <input type="radio"/> Both <input type="radio"/> N/A
<b>Language/s Spoken at Home:</b>	

For your Application for Enrolment to be processed you must provide a current AIRs (Immunisation Record – available from MyGov), Birth Certificate and at least the previous two years of Academic Reports.

Immunisation Status: ☐ Full ☐ Partial ☐ Unimmunised ☐ AIRS Provided

### ADMISSION REQUEST

**Requested Admission Calendar Year:** \_\_\_\_\_ **Requested Year Group:** \_\_\_\_\_

If applicable, current year enrolled in: \_\_\_\_\_

If applicable, copies of Academic School Reports and NAPLAN to be attached: ☐ Report ☐ NAPLAN

Previous/current school enrolled in: \_\_\_\_\_

**Requested Term of Entry:** Term 1 ☐ Term 2 ☐ Term 3 ☐ Term 4 ☐

Name of all Siblings	Age	Attend MRMS
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>

Siblings attends elsewhere: \_\_\_\_\_

### **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.

**Does your child have a medical or intensive health care need?** ☐ Yes ☐ No

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

- |   |   |
|---|---|
| <input type="checkbox"/> Anaphylaxis / Severe Allergies | <input type="checkbox"/> Intensive Health Care needs (e.g. Tube feeding)          |
| <input type="checkbox"/> Moderate / Minor Allergies     | <input type="checkbox"/> Diagnosed Migraine/Headaches                             |
| <input type="checkbox"/> Hearing Impairment             | <input type="checkbox"/> Mental Health (e.g. anxiety, ODD, OCD, demand avoidance) |
| <input type="checkbox"/> Vision Impairment              | <input type="checkbox"/> Neurodiversity (e.g. ADD/ADHD, ASD)                      |
| <input type="checkbox"/> Speech Language Impairment     | <input type="checkbox"/> Specific Learning Difficulty /Disorder                   |
| <input type="checkbox"/> Asthma                         | <input type="checkbox"/> Autoimmune Conditions                                    |
| <input type="checkbox"/> Diabetes                       | <input type="checkbox"/> Seizure disorder (e.g. Epilepsy)                         |
| <input type="checkbox"/> Physical Disability            | <input type="checkbox"/> Diagnosed Migraine/Headaches                             |
| <input type="checkbox"/> Intellectual Disability        | <input type="checkbox"/> Developmental Language Disorder                          |
|   | <input type="checkbox"/> Other  |

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

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

Please give details and provide copies of report: \_\_\_\_\_

\_\_\_\_\_

### **CUSTODY**

Child resides with: ☐ Both Parents ☐ Mother ☐ Father ☐ 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.

**PARENT / CARER 1**

Title:	Given Name:	Surname:
Residential Address:		
Postcode:	Suburb:	Contact Phone Number:
Postal Address (if different):		
Email:		
Work Contact:	Place of Employment & Occupation:	
Country of Birth: <ul style="list-style-type: none"><li><input type="radio"/> Australian Citizen</li><li><input type="radio"/> Other</li></ul>	Temporary or Permanent Visa holder Current Visa Sub-Class: Expiry Date:	
Language/s Spoken at Home:		

**PARENT /CARER 2**

Title:	Given Name:	Surname:
Residential Address:		
Postcode:	Suburb:	Contact Phone Number:
Postal Address (if different):		
Email:		
Work Contact:	Place of Employment & Occupation:	
Country of Birth: <ul style="list-style-type: none"><li><input type="radio"/> Australian Citizen</li><li><input type="radio"/> Other</li></ul>	Temporary or Permanent Visa holder Current Visa Sub-Class: Expiry Date:	
Language/s Spoken at Home:		

### **RELEASE OF RECORDS**

Parents/Carers, please show the below declaration to your child's current/former school/s to ensure they can release records to Margaret River Montessori School.

*I/We authorise the release of transcripts/records for my/our child including but not limited to attendance records, academic records, reports, incident reports, assessment scores, health forms, medical records, psychology/therapy reports, Documented Plans, student profiles, etc.*

CHILD'S NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ (Parent / Carer)

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ (Parent / Carer)

## **PARENT / CARER OFFERING**

The Adolescent Program of Margaret River Montessori School provides a unique opportunity for study and work. Though guided by professional and trained adults, students may be responsible for managing the prepared environment, cultivating the land, operating enterprise, participating within the local community and caring for plants and animals. These activities, integrated with academic studies, make for an intensive community of learners. Your child has indicated he/she/they is/are interested in the adolescent community and is up to the challenging and encompassing nature of the program. Your answers to the following questions will help us to understand your child more deeply with the hope this process can assist them to experience the most positive outcomes possible should they enter the program. Please be honest and complete in your answers, and feel free to add additional documentation. We ask that both parents/carers, if possible, complete independent offerings.

**Parent/Carer 1 Name:** \_\_\_\_\_

Please comment on your child's areas of strength:

Independence	
Collaboration	
Consideration of Others	
Respect	
Self-Direction	
Creativity	
Trustworthiness	

Comments/examples relating to the above:

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- How would you describe your child's personality, interests and talents?
- In what areas would you like to see your child develop?
- What is your child's interest in and level of comfort with the natural environment/outdoors/physical activity/plants and animals?
- How much has your child been away from home and how do they respond to being away from parental support/supervision (e.g. camps)?
- What motivates your child? In what circumstances do they demonstrate effort/work ethic?

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

**Parent/Carer 2 Name:** \_\_\_\_\_

Please comment on your child's areas of strength:

Independence	
Collaboration	
Consideration of Others	
Respect	
Self-Direction	
Creativity	
Trustworthiness	

Comments/examples relating to the above:

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- **How would you describe your child's personality, interests and talents?**
- **In what areas would you like to see your child develop?**
- **What is your child's interest in and level of comfort with the natural environment/outdoors/physical activity/plants and animals?**
- **How much has your child been away from home and how do they respond to being away from parental support/supervision (e.g. camps)?**
- **What motivates your child? In what circumstances do they demonstrate effort/work ethic?**

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

## **STUDENT OFFERING**

Dear Applicant (Student),

Please answer the following short and long answers. Your answers can be attached on a separate piece of paper (handwritten or typed). We would also accept a recorded verbal response (with parent permission) or a response that has been scribed where a specific learning disability requires this (please note if this is the case), however handwritten is the preferred option. There is no length requirement but please answer all parts of the questions fully. We trust that you have not sought assistance from anyone in writing/verbalising these responses as we are interested in your own authentic perspective.

- **Why do you want to attend this school?**
- **Describe your experience of Primary School?**
- **What are your academic likes and dislikes, challenges and successes?**
- **Tell us about your interests, hobbies and/or passions. What do these activities add to your life?**
- **In addition to the above, what else do you do in your time outside of school?**
- **What responsibilities have you assumed at home/contributions have you made, at school and in the community?**

The following question may suit a longer response. Again, there is no length requirement, but please ensure it is maximum 1000 words (not counting spaces) or max 2-3 minutes if recorded verbally. Again, handwritten is the preferred option. We invite you to discuss your ideas with significant adults in your life if you wish to do so (parents, teachers, coaches, etc.). Please make a note if your response has been scribed due to a specific learning disability.

***Maria Montessori acknowledged the immense capabilities of children and young people and the importance of listening to their voices and their visions and providing them opportunities to realise those visions. She said, "The child is endowed with unknown powers, which can guide us to a radiant future." We are excited about the possibilities that may come with you joining our school community.***

***Tell us about your vision for a 'radiant future' and describe what you would do, if you could, to make that vision become a reality.***

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

### **Principal / Deputy / Senior Teacher Offering**

Please provide the following section of this form to a Principal, Deputy or Senior Teacher from your child's previous school.

*Dear Principal/Deputy/Senior Teacher,*

*The applicant named in this form is applying for admission to the Adolescent Program of Margaret River Montessori School. This education model provides a unique opportunity for study and work. Though guided by professional and trained adults, students will be responsible for managing the prepared environment, cultivating the land, operating enterprise, participating within the local community and caring for plants and animals. These activities, integrated with academic studies, make for an intensive community of learners. Your answers to the following questions will help us evaluate the likelihood of the applicant's experience being positive. We thank you in advance for your honest responses. Feel free to add additional documentation. If you have any questions about this form, or about the Adolescent Program of Margaret River Montessori School, please feel free to contact us.*

Please comment on the child's areas of strength:

Independence	
Collaboration	
Consideration of Others	
Respect	
Self-Direction	
Creativity	
Trustworthiness	

Comments/examples relating to the above:

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- **How would you describe the applicant's character and sense of responsibility?**
- **How would you characterise their level of academic attainment in comparison to their capabilities (taking diagnosed or imputed learning difficulties into account)?**
- **Describe the applicant's emotional maturity in relation to same aged peers?**
- **Comment on their known interests, strengths and areas for development.**

<b>Signature</b>	<b>Date</b>
<b>School</b>	<b>Position</b>



**APPLICATION FEE (NON-REFUNDABLE)**

An application fee as per the MRMS Fee Schedule is required when submitting this form.

Application Fee Payment

☐ Cash

☐ Credit Card Master Card or Visa

(please call the office 08 9757 2564 to organise payment during school term; Monday to Friday 8:30-3:30).

Signature of cardholder: \_\_\_\_\_

Name of person responsible to pay fees:	Email address of person responsible to pay fees:

**For your Application for Enrolment to be processed you must provide a current AIRs (Immunisation Record – available from MyGov), Birth Certificate and at least the previous 2 years of Academic Reports.**

**How did you hear about Margaret River Montessori School?**

<input type="checkbox"/> Previously attended our school	<input type="checkbox"/> Margaret River Montessori Website	<input type="checkbox"/> Margaret River Montessori Facebook
<input type="checkbox"/> Internet Search	<input type="checkbox"/> Other Montessori School or Association	<input type="checkbox"/> Advertisement
<input type="checkbox"/> Other, please specify: _____		

**NEXT STEPS**

- Please note ALL required documentation pertaining to your child must be submitted and the Application for Enrolment Fee must be paid for your child to be placed onto the waitlist. The Application for Enrolment and other required documentation can be handed in at the office, emailed through to [montessori@margmont.wa.edu.au](mailto:montessori@margmont.wa.edu.au) as a single PDF document or posted. Apologies, but JPEG or photographic applications will not be accepted.
- **Observation (Primary only)** - We ask all parents prior to their child's Enrolment Interview to observe in our classrooms so you are making an informed choice. This also provides a time for you to prepare any questions you may have about Montessori prior to the Enrolment Interview.
- **Enrolment Interview** - In the term preceding your child's proposed start date we will invite you and your child to attend one or more interviews with the Principal. This is a chance for the Principal to meet your child and get to know everything about them that may contribute to a smooth start at MRMS.
- **Offer of a Place** - If following the interview, a place is available for your child, you will receive a Letter of Offer of a Place and a Welcome Pack. This will contain all the information you need to prepare your child for a successful start to their schooling at MRMS.
- **Enrolment Contract and Admission Forms** - At the Enrolment Interview and in your Welcome Pack you will receive several forms to complete and sign. The Admission Card and Enrolment Contract, Data Collection Form and Student Health Form will need to be fully completed and returned to the

office within two weeks of the date of 'Letter of Offer'. This includes reliable emergency contacts who live within a short distance from school and an up-to-date Vaccination Status Certificate (available through Medicare and obtained no longer than two months prior to your child's start date). You will also be required to pay a Placement Fee. It is upon the payment of the Placement Fee and the return of all completed documents within the two weeks that your child's place is secure. At this point in time, you will begin to receive our school newsletter and be included in all School and Class correspondence.

- **Meet and Greet** – You will be provided an opportunity for a meet and greet in the classroom and with the teacher. This will be arranged prior to your child's starting date (parents and child attend together).

### **FINAL DECLARATION**

**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. In the event of you not being contactable after three occasions during 1 calendar month via phone or email, we may place your application on hold and offer the place to another waiting applicant. Please ensure your contact details are up to date with us.**

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 education at Margaret River Montessori School 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.

Parent / Carer - Name of person(s) who has legal custody of the child:

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ (Parent / Carer)

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ (Parent / Carer)



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**Individual Children. Individualised Learning**



#### **Office Use Only**

**Date Application Fee Received:** \_\_\_\_\_ ☐ Family Receipted/ Email Confirmation ☐ Entered onto PC Schools ☐ Entered onto Waitlist Register ☐ Notified Accounts Officer

#### **Documents Received:**

☐ Birth Certificate ☐ AIRS ☐ VISA ☐ Past School Reports/Med Reports/NAPLAN ☐ Passport/Visa **Date Application Withdrawn:** \_\_\_\_\_