

# Application for Enrolment

## Adolescent Program



Families wishing to enrol their child(ren) in Margaret River Montessori Primary School must complete an Application for Enrolment (one per child). For your application to be processed all accompanying documentation listed under Application Submission must be provided and the Application Fee paid. Please read the "Enrolling in Margaret River Montessori School" booklet for more information.

Once you have submitted your application, you will receive confirmation via email that your application has been receipted. **This is not an indication that the application has been successful OR confirmation of your child's placement.**

During the application process, we will contact you from time to time to keep your application current. If we are unable to contact you, we may place your application on hold and remove your application from the waitlist. Please keep our Enrolments Officer informed of any changes to your contact details.

### Enrolment Criteria

The School enrolls students in our Adolescent Program who will benefit from a Montessori education at the School and from whom the School will benefit by their enrolment. We will only consider enrolling applicants from non-Montessori schools if we have the capacity to and if we believe the student is a good fit for our Adolescent Program. We may decide to leave places open if we feel there are no suitable applicants at that time or to enable the School to enrol priority applicants that may apply in the future.

All applications for enrolment are prioritised according to the following:

- Siblings of current students
- Students from other Montessori schools
- An intention to complete all secondary education at Margaret River Montessori
- Shared values and commitment to Montessori education
- Willingness to be involved in our school community
- Educational needs of your child and our capacity to meet those needs
- Application date

We also consider balancing out ages, genders and needs in each class when assessing the availability of placements.

Families who seek to re-enrol their child/ren in our school after previously having withdrawn may not be prioritised when determining if places are available.

Enrolment offers are made at the discretion of the Principal.



**Margaret River  
Montessori**  
SCHOOL | EST 1993

(08) 9757 2564 · [montessori@margmont.wa.edu.au](mailto:montessori@margmont.wa.edu.au)  
4-6 Clarke Road, Margaret River, Western Australia 6285  
[www.margmont.wa.edu.au](http://www.margmont.wa.edu.au)

*Education in harmony with life*



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### Student Information

First Name	Last Name	Date of Birth	Gender
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Requested Year of Admission	Requested Year Group	Requested Term of Entry	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Current School/Day Care/Playgroup		Current Year Enrolled In	
<input type="text"/>		<input type="text"/>	
Do we have your permission to contact this school?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Country of Birth	Language/s Spoken at Home		
<input type="text"/>	<input type="text"/>		
Citizenship	Aboriginal or Torres Strait Islander		
<input type="checkbox"/> Australian <input type="checkbox"/> Other	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both <input type="checkbox"/> N/A		
Temporary or Permanent Visa Holder			
Current Visa Sub-Class	<input type="text"/>		Expiry Date <input type="text"/>
Child resides with <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother only <input type="checkbox"/> Father only <input type="checkbox"/> Shared Custody			
Are there any applicable Court Orders? <input type="checkbox"/> No <input type="checkbox"/> Yes, please attach a copy			

### Parent/Carer 1 Information

Title	First Name	Last Name	Relationship to Student
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Phone	Mobile	Email	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Residential Address			Postcode
<input type="text"/>			<input type="text"/>
Postal Address (if different from above)			Postcode
<input type="text"/>			<input type="text"/>
Country of Birth	Language/s Spoken at Home		
<input type="text"/>	<input type="text"/>		
Citizenship	Temporary or Permanent Visa Holder		
<input type="checkbox"/> Australian <input type="checkbox"/> Other	<input type="checkbox"/> Current Visa Sub-Class <input type="text"/> Expiry Date <input type="text"/>		
Occupation	Place of Employment		
<input type="text"/>	<input type="text"/>		
Highest Year of Primary/Secondary Education Completed		Highest Qualification Completed	
<input type="checkbox"/> Year 9 or equivalent or below		<input type="checkbox"/> No non-school qualification	
<input type="checkbox"/> Year 10 or equivalent		<input type="checkbox"/> Certificate I to IV (inc Trade Cert)	
<input type="checkbox"/> Year 11 or equivalent		<input type="checkbox"/> Advance Diploma or Diploma	
<input type="checkbox"/> Year 12 or equivalent		<input type="checkbox"/> Bachelor Degree or above	
Occupation Group Number (Please see Appendix 1 - Parental Occupation Groups Listing) <input type="text"/>			

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### Parent/Carer 2 Information

Title	First Name	Last Name	Relationship to Student
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Phone	Mobile	Email	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Residential Address			Postcode
<input type="text"/>			<input type="text"/>
Postal Address (if different from above)			Postcode
<input type="text"/>			<input type="text"/>
Country of Birth	Language/s Spoken at Home		
<input type="text"/>	<input type="text"/>		
Citizenship	Temporary or Permanent Visa Holder		
<input type="checkbox"/> Australian <input type="checkbox"/> Other	Current Visa Sub-Class <input type="text"/> Expiry Date <input type="text"/>		
Occupation	Place of Employment		
<input type="text"/>	<input type="text"/>		
Highest Year of Primary/Secondary Education Completed		Highest Qualification Completed	
<input type="checkbox"/> Year 9 or equivalent or below		<input type="checkbox"/> No non-school qualification	
<input type="checkbox"/> Year 10 or equivalent		<input type="checkbox"/> Certificate I to IV (inc Trade Cert)	
<input type="checkbox"/> Year 11 or equivalent		<input type="checkbox"/> Advance Diploma or Diploma	
<input type="checkbox"/> Year 12 or equivalent		<input type="checkbox"/> Bachelor Degree or above	
Occupation Group Number (Please see Appendix 1 - Parental Occupation Groups Listing) <input type="text"/>			

### Parent/Carer Commitment

On accepting an offer of a place for their child, parents agree to contribute 6 hours per term per family to improving the school and contributing to school life (eg busy bees, fundraising, maintenance jobs). Please see the Fee Schedule for more information.

Please list any special skills or expertise you would be willing to use to help the School community.

Parent/Carer 1

Parent/Carer 2

<input type="text"/>	<input type="text"/>
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### Sibling Information (a separate application form must be completed for each child)

Sibling 1 - Full Name	Gender	Date of Birth	Current School	Year Level
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sibling 2 - Full Name	Gender	Date of Birth	Current School	Year Level
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sibling 3 - Full Name	Gender	Date of Birth	Current School	Year Level
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sibling 4 - Full Name	Gender	Date of Birth	Current School	Year Level
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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### Health Information

Applicants are not required to be immunised however, all applications must include a current AIRs (Immunisation Record - available from MyGov) even if unimmunised or exempt.

Immunisation Status ☐ Up-to-date ☐ Exempt ☐ Not up-to-date, with catch-up schedule ☐ Not up-to-date

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? ☐ No ☐ Yes

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

- |  |  |
|--|--|
| <input type="checkbox"/> Moderate/Minor Allergies        | <input type="checkbox"/> Intellectual Disability                       |
| <input type="checkbox"/> Anaphylaxis/Severe Allergies    | <input type="checkbox"/> Intensive Health Care Needs (eg Tube Feeding) |
| <input type="checkbox"/> Asthma                          | <input type="checkbox"/> Mental Health - Anxiety                       |
| <input type="checkbox"/> Diabetes                        | <input type="checkbox"/> Other Mental Health eg ODD, OCD, etc          |
| <input type="checkbox"/> Diagnosed Migraine/Headaches    | <input type="checkbox"/> Neurodiversity - ADD/ADHD                     |
| <input type="checkbox"/> Hearing Impairment              | <input type="checkbox"/> Neurodiversity - ASD                          |
| <input type="checkbox"/> Vision Impairment               | <input type="checkbox"/> Specific Learning Disorder                    |
| <input type="checkbox"/> Speech Language Impairment      | <input type="checkbox"/> Autoimmune Conditions                         |
| <input type="checkbox"/> Developmental Language Disorder | <input type="checkbox"/> Seizure Disorder (eg epilepsy)                |
| <input type="checkbox"/> Physical Disability             | <input type="checkbox"/> Other   |

Please provide further details below

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### Learning and Behavioural Information

Has your child experienced any delays in gaining developmental milestones or any unusual coordination?

☐ No

☐ Yes

If yes, please provide any further details below

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 their learning and/or behaviour in the school context?

☐ No

☐ Yes

If yes, please provide any further details below

Are they currently being seen by any specialist health professionals?

☐ No

☐ Yes

If yes, please provide any further details below

Has your child experienced attendance issues (below 90%) or school refusal at their previous school?

☐ No

☐ Yes

☐ N/A

If yes, please provide any further details below

Has the student experienced any of the following at their previous school:

☐ Incident report

☐ Academic challenges

☐ Multiple Detentions

☐ Social challenges

☐ Suspension

☐ Emotional challenges

☐ Behavioural challenges

☐ N/A

If yes, please provide any further details below

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### Montessori Commitment

Where does your understanding of Montessori education come from?

- |   |  |
|---|--|
| <input type="checkbox"/> Child previously/currently attends a Montessori school | <input type="checkbox"/> Internet Research                     |
| <input type="checkbox"/> Parent/Carer previously attended a Montessori school   | <input type="checkbox"/> Open Days/Tours                       |
| <input type="checkbox"/> Parent/Carer previously/currently teaches Montessori   | <input type="checkbox"/> Friends/Family at a Montessori school |
| <input type="checkbox"/> Other, please specify:                                 |  |

What is it about Montessori educational philosophy/methodology that appeals to you?

Why have you chosen Margaret River Montessori School for your child's secondary education?

How did you hear about Margaret River Montessori School?

- |  |   |
|--|---|
| <input type="checkbox"/> Family/Friends previously/currently attend the school | <input type="checkbox"/> Internet Search                        |
| <input type="checkbox"/> Margaret River Montessori Website                     | <input type="checkbox"/> Other Montessori School or Association |
| <input type="checkbox"/> Margaret River Montessori Facebook                    | <input type="checkbox"/> Advertisement                          |
| <input type="checkbox"/> Other, please specify:                                |   |

If your child is currently attending another Secondary School, how is that school not meeting your child's needs?

How will your family add value to our school culture?

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*Adolescent Program*



## Parent/Carer 1 Offering (complete if student in Year 6 or higher)

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. By submitting this application, you have indicated that your child is 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 this part of the form individually.

Parent/Carer 1 Name:

Please comment/give examples of your child's display of the following qualities:

Independence

Collaboration

Consideration of Others

Respect

Self-Direction

Creativity

Trustworthiness

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?

# Application for Enrolment

*Adolescent Program*



## Parent/Carer 2 Offering (complete if student in Year 6 or higher)

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. By submitting this application, you have indicated that your child is 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 this part of the form individually.

Parent/Carer 2 Name:

Please comment/give examples of your child's display of the following qualities:

Independence

Collaboration

Consideration of Others

Respect

Self-Direction

Creativity

Trustworthiness

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?



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### Principal/Deputy/Senior Teacher Offering (complete if student in Year 6 or higher)

Please provide the following section of this form to a Principal, Deputy or Senior Teacher from your child's current 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 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 answers to the following questions will help us evaluate the likelihood of the applicant's experience being position. 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/give examples of your child's display of the following qualities:

Independence

Collaboration

Consideration of Others

Respect

Self-Direction

Creativity

Trustworthiness

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.

Signature:

Date:

School:

Position:

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### Student Offering (complete if student in Year 6 or higher)

Dear Applicant (Student)

Please answer the following short and long answer questions. 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?

### LONG ANSWER QUESTION

Please attach on a separate piece of paper (handwritten or typed) your answer to the following question. Again, there is no length requirement, but please ensure it is a maximum of 1000 words (not counting spaces) or max 2-3 minutes if recorded verbally (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.*

**Q. 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:

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### Application Submission

Applications can be submitted by post, email or in person to:

Margaret River Montessori School  
4-6 Clarke Road, MARGARET RIVER WA 6285  
montessori@margmont.wa.edu.au

Please use the following checklist to ensure you have provided all necessary documentation.

- ☐ Completed Application Form (one per child)
- ☐ Non-refundable Application Fee Paid (in person or over the phone 9757 2564)
- ☐ Copy of Birth Certificate
- ☐ A current AIRs (Immunisation Record, available from MyGov)
- ☐ Past 2 years' School Reports
- ☐ NAPLAN results
- ☐ Any medical or diagnostic/therapeutic reports (if applicable)
- ☐ Court Orders (if applicable)

In addition, please provide the following if applicable:

- ☐ For Students born overseas, please provide a copy of the student's Australian Citizenship Certificate or Australian Passport or Visa Documentation
- ☐ For Students born in Australia with both parents born overseas, please provide one of the following:
  - Student's Australian Passport OR
  - Student's Australian Citizenship Certificate OR
  - One parent's Australian Citizenship Certificate granted prior to child's birth OR
  - One parent's Australian Passport granted prior to child's birth OR
  - One parent's Permanent Residency visa granted prior to child's birth OR
  - Both parents' Australian Passports OR
  - Both parents' Australian Citizenship Certificates

If none of the above documentation is available, please provide the Student's and Parents' Visa Documentation

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 "Enrolling in Margaret River Montessori School" booklet 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 1 Signature

Parent/Carer 1 Name

Date

Parent/Carer 2 Signature

Parent/Carer 2 Name

Date

Person Responsible for Fee Payment

Email Address

#### OFFICE USE ONLY

Date Paid

Inv No.

Waitlisted Date

Withdrawn Date

# Appendix 1

## List of Parental Occupational Groups

### List of Parental Occupational Groups

#### Group 1 Senior management in large organisations, government administration and defence, and qualified professionals

<b>Senior Executive/Manager/Department Head</b>	Industry, commerce, media or other large organization
<b>Public Service Manager</b>	Section head or above, regional director, health/education/police/fire services administrator
<b>Other administrator</b>	School principal, faculty head/dean, library/museum/gallery director, research facility director
<b>Defence Forces</b>	Commissioned officer
<b>Professionals</b>	Generally have degree or higher qualifications and experience in applying this knowledge to design, develop or operate complex systems; identify, treat and advise on problems; and teach others. Industries include health, education, law, social welfare, engineering, science, computing and business.
<b>Air/Sea Transport</b>	Aircraft/ship's captain/officer/pilot, flight officer, flying instructor, air traffic controller

#### Group 2 Other business managers, arts/media/sportspersons and associate professionals

<b>Owner/Manager</b>	Farming, construction, import/export, wholesale, manufacturing, transport, real estate, business
<b>Specialist Manager</b>	Finance, engineering, production, personnel, industrial relations, sales, marketing
<b>Financial Services Manager</b>	Bank branch manager, finance/investment/insurance broker, credit/loans officer
<b>Retail Sales/ Services Manager</b>	Shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency
<b>Arts/ Media/ Sports</b>	Musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/woman, coach, trainer, sports official
<b>Associate Professionals</b>	Generally have diploma/technical qualifications and support managers and professionals.

#### Group 3 Tradesmen/women, clerks and skilled office, sales and service staff

<b>Tradesmen/Women</b>	Generally have a 4 year Trade Certificate, usually by apprenticeship. All trades people are included in this group.
<b>Clerk</b>	Book keeper, bank/PO clerk, statistical actuarial clerk, accounting/claims/audit clerk, payroll clerk, recording/registry filing clerk, betting clerk, stores/inventory clerk, purchasing/order clerk, freight/transport/
<b>Skilled office, sales and service staff</b>	Office—secretary, personal assistant, desktop publishing operator, switchboard operator Sales—company sales rep., auctioneer, insurance agent/assessor/loss adjuster, market researcher Service—aged/disabled/refugee/child care worker, nanny meter reader, parking inspector, postal worker,

#### Group 4 Machine operators, hospitality staff, assistants, labourers and related workers

<b>Drivers, production, processing machinery, mobile plant</b>	Drivers, machinery operators
<b>Hospitality staff</b>	Hotel service supervisor, receptionist, waiter, bar attendant, kitchen hand, porter, housekeeper
<b>Office, sales and other assistants</b>	Office—typist, work processing/data entry/business machine operator, receptionist, office assistant Sales—motor vehicle/caravan/parts salesperson, checkout operator, cashier, bus/train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker Assistant/aide—trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant,
<b>Labourers and related workers</b>	Defence—ranks below senior NCO not included above Agriculture, horticulture, forestry, fishing, mining—farm overseer, shearer, wood/hide classer, farm hand, horse trainer, nurseryman, green keeper, gardener, tree surgeon, forestry/logging worker, mining, seafarer/fishing hand Other worker—laborer, factory hand, store man, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor

#### Group 8 Has not been in paid work in the past 12 months

Please note: If the person is not currently in paid work, but has been in paid work in the past 12 months, please use the person's last occupation.