

## APPLICATION FOR ENROLMENT – PRIMARY SCHOOL

<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/day care/playgroup: \_\_\_\_\_

**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: \_\_\_\_\_

\_\_\_\_\_

**PARENT / CARER 1**

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

**PARENT /CARER 2**

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

**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.

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**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:

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

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

**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?**

☐ Family/Friends previously/currently attending our school

☐ Margaret River Montessori Website

☐ Margaret River Montessori Facebook

☐ Internet Search

☐ Other Montessori School or Association

☐ Advertisement

☐ 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).

We are very happy to assist you with whatever you need to feel comfortable proceeding with our application and/or enrolment process. Please do not hesitate to ask if you have any queries.



[www.margmont.wa.edu.au](http://www.margmont.wa.edu.au) • [www.facebook.com/margaretrivermontessori](https://www.facebook.com/margaretrivermontessori)  
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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:** \_\_\_\_\_