



# APPLICATION FOR ENROLMENT – ADOLESCENT PROGRAM

Family Name of Child:

Given Name(s):

Gender:

Date of Birth:

Sibling of Current Student? Yes  No

Immunisation Status:  Full  Partial  Unimmunised

Attached/School has been provided with AIRS - Australian Immunisation Register Statement

Copy of Birth certificate attached

## 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: \_\_\_\_\_

Attached/School has been provided with copies of VISA or related documentation

Is the student of Aboriginal or Torres Strait Islander origin?

No  Aboriginal  Torres Strait  Both Aboriginal and Torres Strait Islander

## 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, attached  NO

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

\_\_\_\_\_

\_\_\_\_\_

## 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: \_\_\_\_\_

## 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"/> Continence (daytime toileting)                   |
| <input type="checkbox"/> Other                               |   |

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

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## EDUCATIONAL BACKGROUND AND PROFILE INFORMATION

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: \_\_\_\_\_

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3. Previous/current school enrolled in and details:

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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: \_\_\_\_\_

Previous Montessori Experience (Please detail): \_\_\_\_\_

Other Schools Attended in Past Three Years:

| School Name: | Year Level/Cycle: |
|--------------|-------------------|
|              |                   |
|              |                   |
|              |                   |

Name of all siblings:

\_\_\_\_\_ Current Age: \_\_\_\_\_ Attend MRMS? Yes  No

\_\_\_\_\_ Current Age: \_\_\_\_\_ Attend MRMS? Yes  No

\_\_\_\_\_ Current Age: \_\_\_\_\_ Attend MRMS? Yes  No

If siblings attend/ed 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 \_\_\_\_\_

## RELEASE OF RECORDS

Parents/Carers, please show the below declaration to your child's current/former school/s to ensure they are able to release records to MRMS.

*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, students profiles, etc.*

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent 1 Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Parent 2 Name: \_\_\_\_\_ Signature: \_\_\_\_\_

## PARENT/GUARDIAN 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/Guardian 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/Guardian 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 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: \_\_\_\_\_



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**Individual Children. Individualised Learning**



## 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.*

Name: \_\_\_\_\_ Position: \_\_\_\_\_

School: \_\_\_\_\_ Dates/ Years Applicant Attended: \_\_\_\_\_

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.*

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

Thank you for completing this evaluation. Your comments are important in helping us gain a better understanding of the applicant. If you have any questions about this form, or about the Adolescent Program of Margaret River Montessori School, please feel free to contact us.

## STUDENT SHARE

Dear Applicant (Student),

Please answer the following short and long answers. You may answer on the page or attach 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). 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 max 1000-1500 words (not counting spaces) or max 2-3 minutes if recorded verbally. 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 your vision for a 'radiant future' and describe what you would do, if you could, to make that vision become a reality.*

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

## Final Declaration

Your application will be acknowledged and receipted on the date of payment of the Application Fee. This confirms your placement on the waitlist. Please note we have very strong waitlists and we cannot guarantee that classroom placements will be offered to all those on the waitlist. You will be contacted by our Enrolment Officer if places are available and you have been successful in obtaining an interview.

*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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Parent/Guardian SIGNATURE: ..... DATE: .....

Parent Guardian SIGNATURE: ..... DATE: .....

**An application fee of \$150 is required when submitting this form.**

Application Fee Payment

- Cash
- Cheque payable to Margaret River Montessori School
- Credit Card Master Card or Visa (please call the office 08 9757 2564 to organise payment over the phone during school Term; Monday to Friday 8am-4pm).

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

### Next steps:

- If not done already, you should make a booking to undertake classroom observations.
- If a place is available, you will be contacted in the term prior to when your child would be due to start to attend an interview with the principal. Your child should attend this interview.
- Following the interview, the principal will contact you should any further information be required. If a place is to be offered to your child, you will receive a Letter of Acceptance and a Welcome Pack.
- You will be contacted by your child's new teacher to attend a Meet and Greet in the classroom with the teacher (parents and child attend together).
- At this point in time, you will begin to receive our school newsletter and be included in all School and Class correspondence.
- Tuition Fees will not be charged until your child has commenced attending.

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.

#### Office Use Only

OBS Completed    Date Application Fee Received: \_\_\_\_\_     Family Receipted     Entered into PC Schools  
 Entered Enrolment Register     Notified Finance Officer of new family details

#### Documents Received:

Birth Certificate     AIRS     VISA     Past School Reports/OT Reports/Naplan