

APPLICATION | PRESCHOOL & PRIMARY

I HEREBY APPLY FOR ADMISSION OF THE UNDERMENTIONED CHILD AS A STUDENT OF THE HILLS MONTESSORI SCHOOL INCORPORATED.

STUDENT DETAILS

Surname

Given Names

Residential Address

Post Code

Male Female

Date of Birth / /

PARENT/GUARDIAN DETAILS

PARENT 1 / GUARDIAN Surname

Given Names

Postal Address (if different from residential)

Post Code

Occupation

Employer

Telephone • Home • Business

• Mobile

Email

PARENT 2 / GUARDIAN Surname

Given Names

Postal Address (if different from residential)

Post Code

Occupation

Employer

Telephone • Home • Business

• Mobile

Email

SPECIAL NEEDS

1. Does your child have a known disability?
 Yes (Please state briefly below) No

2. Has your child ever received support from, or been assessed by, one of the following:
 Psychologist Speech Therapist
 Physiotherapist Occupational Therapist

3. Does your child have any health issues?
 Yes (Please state briefly below) No

4. Does your child require a health care plan or emergency action plan?
 Yes (Please state briefly below) No

5. Is your child on any regular prescribed medication?
 Yes (Please state briefly below) No

EDUCATION DETAILS

Present school / kindergarten (if applicable)

Present year level (if applicable)

Have any of your other children applied for or attended The Hills Montessori School?

Yes No If Yes, please give name and years of entry below

Name Year

Name Year

ENTRY DETAILS

I wish to enter my child at the beginning of Term of 20..... in the following level (Please tick below)

Preschool (3 year old entry)

Primary (5-12 year old entry) Year level

Have you a preference of Preschool days?

Mon, Tues, Wed am

Thurs, Fri am

Will your child be continuing through to the Primary section of the school after completing Preschool?

Yes No Undecided

I have attached a copy of my child's birth certificate, passport or citizenship certificate.

Yes No

BACKGROUND

Is the student of Aboriginal or Torres Strait Island origin?

(For persons of both Aboriginal and Torres Strait Island origin, mark both "Yes" boxes)

No Yes Aboriginal Yes Torres Strait Islander

I/We declare that, to the best of my/our knowledge, the information provided in this application is true and correct.

Signature Date/...../.....

• FAILURE TO COMPLETE ACCURATELY ALL SECTIONS OF THE APPLICATION MAY RESULT IN THE SCHOOL'S INABILITY TO ACCOMMODATE YOUR CHILD'S INDIVIDUAL NEEDS AND MAY AFFECT YOUR CHILD'S CONTINUED ENROLMENT.

• THIS APPLICATION MUST BE ACCOMPANIED BY THE **APPLICATION FEE OF \$50** FOR THE FIRST CHILD AND **\$20** FOR EACH SUBSEQUENT CHILD.