



# APPLICATION TO ENROL – Montessori Based Program (MBP)

(Please print clearly)

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Child's Family Name			
Given Names:		Previous Names:	
Date of Birth:		Sex:	M/F (Please Circle)
Address:			
Email Address:			
Country of Birth:		First Language:	

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Mother (or Guardian) name:		Previous Names:	
Address: ("As above" if same as child)			
Occupation			
Phone numbers:	Home:	Work:	Mobile:
Country of Birth:		First Language	

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Father (or Guardian) name:		Previous Names:	
Address: ("As above" if same as child)			
Occupation			
Phone numbers:	Home:	Work:	Mobile:
Country of Birth:		First Language	

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Siblings:	Name	Sex	Date of Birth

Have siblings attended a Montessori school? If so, which school?

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Does your child have any special needs (e.g. medical, social, cultural or religious) or problems (e.g. medical or developmental) that the staff may need to know? (Please note that this information is confidential)

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Does your child have any childcare experience? (i.e. playgroup, daycare, pre-school)

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If English is not your child's first language, does your child speak English? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is English the language spoken at home? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is your child of Aboriginal or Torres Strait Island Background? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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Why have you chosen Hills Montessori for your child's education?

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What outcomes are you expecting for your child?

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**Enrolment is for 2 or 3 days per week from: 8.00am to 3.30pm**

Please  your preference:

Monday	Tuesday
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Wednesday	Thursday	Friday
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**Note:** Your preference for days will be taken into consideration but cannot be guaranteed.

**I am interested in Home Environment:**

Please circle your preference:

Before School Care, 7.30am to 8.00am      Mon    Tues    Wed    Thu    Fri

After School Care, 3.30pm to 4.30pm      Mon    Tues    Wed    Thu    Fri

Do you require a translator when communicating with staff? If so, what is your language?

**Please complete:**

**Conditions of Enrolment Application**

I/We understand that there is no guarantee of placement.

**To be completed by at least one parent or guardian.**

I/We the undersigned wish to place our child's name on the Waiting List for Hills Montessori School. I/We have read the conditions and accept them in making this application.

MOTHER/GUARDIAN (Signed) \_\_\_\_\_ Date: \_\_\_\_\_

FATHER/GUARDIAN (Signed) \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

Waiting List		Start Date	
Administrative Assistant		PF	
Year of Entry		Observed	
Place Offered		Birth Certificate	

Comments:

“Attended Education Evenings, Open Day”