

APPLICATION FOR REGISTRATION

STUDENT DETAILS

Family or Surname: _____

Given or Christian Names: _____

Known as (preferred name): _____ Gender: Male Female

DOB ____/____/____ Is the student: Aboriginal? Yes / No Torres Strait Islander? Yes / No

Country of Birth of student: _____ Nationality: _____

Languages spoken at home (most frequently used language first):

1. _____ 2. _____ 3. _____

Residential status of family (tick one only): Permanent Diplomatic Student Visa Other Temporary

PARENT/GUARDIAN 1

Surname: _____ Given Name: _____

Relationship to child: _____

Home Address: _____ P/code: _____

Telephone: Home: _____ Work: _____ Mobile: _____

E-mail: _____ Occupation: _____

PARENT/GUARDIAN 2

Surname: _____ Given Name: _____

Relationship to child: _____

Home Address: _____ P/code: _____

Telephone: Home: _____ Work: _____ Mobile: _____

E-mail: _____ Occupation: _____

OFFICE USE ONLY

OOP: _____ Classroom _____ Anticipated Start date _____

Date Application Fee Paid ____/____/____ Date Membership Paid ____/____/____ Observed: Yes/No PTP: Yes/No

Admin / Let W/list Finance D/base File Email + Email -MNIS

PREVIOUS CHILD CARE AND/OR MONTESSORI HISTORY

Has your child ever attended another preschool, occasional or long day care centre? If so, please give details:

Has your child already attended another Montessori school? If so, where and for how long?

Has a sibling already attended Canberra Montessori School or another Montessori School? Yes/No
If yes give details, including reason for leaving and school now attending:

Is your child on the Yarralumla Government Montessori Pre-school's waiting list? Yes/No

SPECIAL REQUIREMENTS (E.G. CULTURAL, RELIGIOUS)

Does your child have any special requirements, eg cultural or religious requirements that you would like us to be aware of? Yes/No If yes, please give details:

Are there any other factors in your child's life or anything else about your child you feel we need to know about?

Please notify the school if changes are made to any of the above information

DECLARATION

1. I understand that my child will only be placed on the waiting list if:
 - Waiting List Form is fully completed (one child per application) and I have paid a non-refundable application fee of \$100.00 (GST included).
 - Membership Application Form is fully completed and I have paid my membership to the Canberra Montessori Society of \$60.00 per year (to be renewed annually).
2. I understand that:
 - my child's name will be removed from the waiting list should my membership lapse.
 - being on the waiting list does not entitle my child to a place at the school.
 - I am giving a commitment to completing the full nine year programme.
3. The information provided is true and correct.

Signature _____ Name: _____

Date: _____ Amount given \$ _____ Please pay by cash, cheque or money order.

Send to: Enrolments, Canberra Montessori School, 35 Mulley Street, Holder ACT 2611