



Pre-school APPLICATION FORM

(Please print clearly)

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

(Mr / Mrs / Ms / Dr)

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

(Mr / Mrs / Ms / Dr)

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

Siblings:	Name	Sex	Date of Birth

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

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

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

If English is not your child's first language, does your child speak English? <div style="text-align: right; padding-right: 20px;">Yes No</div>	Is English the language spoken at home? <div style="text-align: right; padding-right: 20px;">Yes No</div>
Is your child of Aboriginal or Torres Strait Island Background? <div style="text-align: right; padding-right: 20px;">Yes No</div>	

How did you hear of our school?

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

What outcomes are you expecting for your child?

Enrolment options are below (please number your preferences in order):

2 Full Days 8:30am – 4:00pm		Mon/Tue		Thu/Fri
3 Full Days 8:30am – 4:00pm		Mon/Tue/Wed		Wed/Thu/Fri
5 Half Days 8:30am – 11:30am		Monday – Friday		
5 Full Days 8:30am – 4:00pm (limited places)		Monday - Friday		

Note: Class allocations are decided by the Directresses and Head of School.

Please note: Progression into the School from Under 3's or another Montessori school is not automatic but these factors will be taken into consideration.

I am interested in Before and/or After Session Care;

Please circle your preference, if known:

Extended AM Session Care, 7.30am to 8.30am

Mon Tues Wed Thu Fri

After Session Care 11.30am – 4.00pm
(for half day children only)

Mon Tues Wed Thu Fri

Extended PM Session Care, 4.00pm 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.

I/We understand that there is a non-refundable Application Fee of \$100.00 payable with application.

Our account details are; Hills Montessori Society BSB: 082 167 Account: 516492704
(Please use your child’s name as reference.)

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.

PARENT/GUARDIAN (Signed) _____ Date: _____

PARENT/GUARDIAN (Signed) _____ Date: _____

OFFICE USE ONLY

Waiting List		Start Date	
Administrative Assistant		PF	
Year of Entry		Tour	
Enrolment Fee Paid		Immunisation	

Comments:

“Attended Education Evenings, Open Day”