



# Pre-school APPLICATION FORM

(Please print clearly)

Child's Family Name

Given Names:  Previous Names:

Date of Birth:  Sex:  M/F (Please Circle)

Address:

Country of Birth:  First Language:

(Mr / Mrs / Ms / Dr)

Parent or Guardian name:  Previous Names:

Address: ("As above" if same as child)

Email:

Mobile number:  Occupation:

Country of Birth:  First Language:

(Mr / Mrs / Ms / Dr)

Parent or Guardian name:  Previous Names:

Address: ("As above" if same as child)

Email:

Mobile Number:  Occupation:

Country of Birth:  First Language:

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 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)

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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: 10px;">Yes      No</div>	Is English the language spoken at home? <div style="text-align: right; padding-right: 10px;">Yes      No</div>
Is your child of Aboriginal or Torres Strait Island Background? <div style="text-align: right; padding-right: 10px;">Yes      No</div>	

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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?

When would you like your child to commence at Hills Montessori?

How long do you anticipate your child will be enrolled in the school? And if known, what school do you anticipate your child attending after Hills Montessori?

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**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 – 4.30pm  
(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"