

ENROLMENT APPLICATION FORM

Please complete in BLOCK letters and return to the Enrolments Secretary at the address below.

Child's Name:.....Sex:
Family Name Given Name

Date of Birth: Origin of Birth:

Home Address:.....Postcode:.....

Home Telephone:.....Email.....

Emergency Contact:.....
Name Relationship to Child Telephone

Does your child speak another language besides English? Yes[] No[]

If yes, which language?.....

Does your child have any special needs? Yes[] No[]

If so, what are they?

Father's Name: Telephone:

Occupation/Skills:.....

Employer:.....

Business Address:

Mother's Name:..... Business Telephone:

Occupation/Skills:.....

Employer:.....

Business Address:

Parents Hobbies or Interests:

Siblings (Names and ages of brothers / sisters):

How did you learn about the Montessori method or school:

.....
.....

What goals do you hope your child will achieve by attending a Montessori School:

.....
.....

What have you read about Montessori education:

.....
.....

ENROLMENT INTENT

I hereby make application for the above child as a pupil in The Children's House Montessori School for the year

Enclosed is:

1. The Children's House Montessori School Enrolment Application Form.
2. \$100.00 Enrolment Application Fee (\$45.00 Sibling Application Fee).
3. Sydney Montessori Society Membership Application Form.
4. \$80.00 Society Membership Fee. (This amount is for those not presently members of the Society.)

Please make all cheques payable to: SYDNEY MONTESSORI SOCIETY

Parent's Signature:Date:.....

PLEASE NOTE: You may be sent fundraising information from time-to-time. We welcome your participation in these events, but your involvement prior to your child's commencement does not affect the offer of a place. The offer must be left to the discretion of the School Principal and Council.