



Application for Enrolment

Today's Date: ____/____/____

Please fill out this form in black pen only. **Please ensure this document is completed in its entirety.** Incomplete forms may result in a deferment of your application.

STUDENT DETAILS			
Student's Name (in full):			
Gender:		Date of Birth:	/ /
<i>Please attach a copy of your child's Birth Certificate</i>			
Residential Address:			
Does your child live at a second address regularly through the school term? If yes, please provide this address:			
Secondary Address:			
Are there any custody orders or other legal requirements in place for this student? <i>If yes, a copy of these documents must be attached with this application.</i>		Y/N <i>If yes, please attach copies</i>	
Student's Mobile Phone No. (if applicable):			
Student's Email Address (if applicable):			
Country of Birth:			
Main Language Spoken at Home:			
Does the student identify as Aboriginal or Torres Strait Islander?	Y/N	<i>If yes, please specify:</i>	
Was the student born in Australia?	Y/N	<i>If no, a copy of passport, visa or citizenship documents must be attached with this application.</i>	
Is the student an Australian resident?	Y/N	Visa Number:	
Is the student an Australian citizen?	Y/N	Passport OR Visa, or Citizenship Number:	
Current School:			
Current Grade Level:			

REQUESTED ENROLMENT				
Year of Prospective Enrolment:			Grade of Prospective Enrolment:	
Preferred Term of Enrolment:	Term 1	Term 2	Term 3	Term 4
I/We are committed to a Montessori/IB Education for our child for:		Children's House 3-6 Year Old		
		Primary Year 1-6		
		Middle School Year 7-9		
		IB Diploma or Courses Year 10-12		

PARENT / GUARDIAN 1 DETAILS			
Mother/Guardian's Name:			
Residential Address:			
Postal Address:			
Home Phone Number:		Mobile Phone Number:	
Occupation:		Work Phone Number:	
Email Address:			
If not the mother, relationship to the child:			
Country of Birth:		Citizenship Details:	
Mother/Guardian's Highest Level of Secondary Education:		Mother/Guardian's Highest Tertiary Qualification:	

PARENT / GUARDIAN 2 DETAILS			
Father/Guardian's Name:			
Residential Address:			
Postal Address:			
Home Phone Number:		Mobile Phone Number:	
Occupation:		Work Phone Number:	
Email Address:			
If not the father, relationship to the child:			
Country of Birth:		Citizenship Details:	
Father/Guardian's Highest Level of Secondary Education:		Father/Guardian's Highest Tertiary Qualification:	

** Parents, carers and guardians of all year K-12 students in Australia are asked to provide information on their family background as part of a national initiative towards providing an education system that is fair to all students regardless of their background. The required information includes the Indigenous status and language background of the student, and the education and occupation background of the parents.*

SIBLINGS			
Name:	Gender:	Date of Birth:	School (if applicable):

MEDICAL INFORMATION

Please list the information requested below.

Please attach any and all documentation relating to the information below to this application.

Specific medical conditions/information relevant to the school:

Specific psychological conditions/information relevant to the school:

Special Needs: Please list any specific difficulties or any information which may assist us in caring for your child (Sensory/Visual/Hearing/Communication, Mental Health issues, behavioural difficulties or learning disabilities.)
Please attach any relevant documentation

Allergies (*If your child is anaphylactic, a Care Plan must be provided with this application*):

Please list existing levels of adjustment or accommodations that are currently being made for your child in relation to specific needs or allergies:

Other Needs (Religious etc.):

Has your child been fully vaccinated according to the Health Department recommended Immunisation Schedule? **Y/N** If yes, please provide a photocopy of the Immunisation Card. (Please Note: the Health Department require schools to hold these records in the case of an infectious outbreak.)

Do we have permission to contact your child’s previous school regarding this application? **Y/N**

If no, please provide a reason: _____

Do you authorise Treetops to collect the information contained in this form, and to disclose that information to the School’s employees and any medical and emergency workers for the purpose of making those necessary aware of the medical risks to which the student may be subject? Y / N

Initial: _____

Is there any other information regarding your child that you think the school should know (e.g. Particular academic concerns, emotional challenges etc.?) *Please attach any and all relevant documentation to this application*

CUSTODY AGREEMENTS

Please attach all relevant legal arrangements for the care and custody of your child. The school must have a copy of your Consent Orders or Parenting Plan and/or a written statement outlining your agreements with regards to pick up and drop off of children, participation of parents at excursions and school camps etc..

PRIVACY: In accordance with the Commonwealth Privacy Act, Treetops Montessori School will not release the above information to any third parties.

Please notify the office of any changes of address or telephone number prior to enrolment.

ENROLMENT POLICY AND PRIORITIES:

It is Treetops’ intention to create a successful and nurturing Montessori and IB School at Treetops. To do this, it is essential that the school and family are compatible. Please read the attached Enrolment Policies and Priorities document.

DECLARATION (Both parents/legal guardians are required to sign the declaration below wherever possible):

We the undersigned, being parent(s)/guardians of the above child, hereby apply for his/her enrolment at Treetops Montessori School. We have read and understand the relevant policies in regards to enrolment available on the school website. We attach with this enrolment a copy of the child’s Birth Certificate and Immunisation Card, 2 most recent school reports, supporting documents as relevant along with the Application for Enrolment Fee. We understand that without this documentation and payment of Application for Enrolment Fee, our child’s application may be deferred. We understand that completion of this form does not guarantee an offer of place at the school. We understand that attendance at an orientation does not guarantee an offer of place at the school. We understand that we will both be jointly and severally responsible for payment of any and all fees for our child, of whom I am the parent or legal guardian and in accordance with the current Policy on Payment of School Fees, a copy of which will be provided to me.

Signature: _____
Name: _____
Date: _____

Please return this form along with the application for enrolment fee and supporting documentation to:

**The Principal
Treetops Montessori and International Baccalaureate School
12 Beenong Road, DARLINGTON WA 6070
PO Box 59, DARLINGTON WA 6070
or office@treetops.wa.edu.au**

Office Use Only:

Software Entry • Family Interview Date: _____ • Orientation Dates: _____

Application Fee Paid: _____ Conditions of Enrolment Returned Invoiced/for _____

Class: _____ for _____ Added to Class List