



Treetops Montessori School

A different approach for Primary and Secondary education from Pre-Kindergarten to Year 12

12 Beenong Road (PO Box 59)
DARLINGTON WA 6070

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www.treetops.wa.edu.au

(08) 9299 6725

Application for Enrolment

Today's Date: ____/____/____

Please fill out this form in BLUE or 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):			
Preferred Name (if used):			
Date of Birth:	/	/	Gender:
<i>Please attach a copy of your child's Birth Certificate</i>			
Residential Address:			
Does the 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
Student's Mobile Phone Number (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?:			
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

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

PARENT / GUARDIAN (2) DETAILS			
Parent/Guardian (2) Name			
Residential Address:			
Postal Address:			
Home Phone Number:			
Mobile Phone Number:			
Work Phone Number:			
Email Address:			
Parent/Guardian's Country of Birth *		If not the Parent, relationship to the child:	
Occupation:			
Parent/Guardian's Highest Level of Secondary Education*			
Parent/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 residency status, indigenous status, and language background of the student, and the education and occupation background of the parent/guardians.*

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

STUDENT HEALTH & MEDICAL INFORMATION

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

Are there any specific medical conditions/information relevant to the school? **Y/N**

If yes, please provide details: _____

Please attach any relevant documentation

Are there any specific psychological conditions/information relevant to the school? **Y/N**

If yes, please provide details: _____

Please attach any relevant documentation

Does your child have any specific difficulties (sensory/visual/hearing/communication, mental health issues, behavioural difficulties, or learning disabilities etc.)? **Y/N**

If yes, please provide details/information: _____

Please attach any relevant documentation

Does your child have any allergies including drug, insect, food, or other allergy? **Y/N**

If yes, please provide details: _____

Please attach a copy of your doctor's health plan in regards to this allergy

Are there any other needs (e.g. religious) that are relevant for the school to be aware of? **Y/N**

If yes, please provide details: _____

Please attach any relevant documentation

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

Please attach any relevant documentation

Is there any other information regarding your child that you think the school should know (e.g. particular academic concerns, emotional challenges etc.)? **Y/N**

If yes, please provide details/information: _____

Please attach any relevant documentation

Has your child been fully vaccinated according to the WA Department of Health's recommended Immunisation Schedule? **Y/N** Please provide a current Australian Immunisation Register (AIR) Immunisation History Statement (not more than 2 months old)

Please provide your child's Medicare Number: _____ (_____)

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

If no, please provide a reason: _____

PRIVACY: please see the school’s Privacy Policy, which is available on the school website.

ENROLMENT POLICY AND PRIORITIES:

It is Treetops’ intention to create a successful and nurturing learning environment. To do this, it is essential that the school and family are compatible. Please read the school’s Enrolment Policies and Priorities document, which is available on the school website.

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

I/We the undersigned, being the parent/guardian of the above child, hereby apply for their 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 application for enrolment:

- a copy of our child’s Birth Certificate;
- copies of any custody orders (*if applicable*);
- copies of passport, visa or citizenship documents (*if applicable*);
- a current Australian Immunisation Register (AIR) Immunisation History Statement (not more than 2 months old);
- a copy of the Medicare Card showing our child’s Medicare number;
- two (2) most recent school reports;
- any other supporting documents as relevant (*e.g. psychologist report, speech pathologist report, occupational therapist report, vision and hearing plans, allergy/health plans etc.*);
- payment of the Application Fee.

We understand that without this documentation and payment of the Application 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/we are the parent or legal guardian, and in accordance with the current Payment of School Fees Policy.

Signature: _____

Name: _____

Date: _____

Join our mailing list to receive the latest Treetops news and updates. **Y** **N**

Please return this Application Form, along with the Application 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:
Application Fee:
Enrolment Fee:
Acceptance of Conditions of Enrolment: