



SOUTHSIDE

Montessori School

- Celebrating 40 Years -

35 Lillian Road
Riverwood NSW 2210

Tel: 02 9533 1229

Email: office@southsidemontessori.edu.au

APPLICATION FOR ENROLMENT

PHOTO

Name of Student:

Year Commencing:

Year Group

FAMILY MAILING DETAILS

Family Mailing Title (eg: Mr & Mrs, Ms):

Family Address:

House/Unit/Flat No:

Street Name:

Suburb:

Post Code:

Home Phone Number(s):

E-mail Address:

STUDENT DETAILS

First Name:

Previous School/s attended:

Middle Name:

(most recent)

Surname:

Previous School Contact:

Preferred Name:

Phone:

Gender: Male Female (please tick one)

Religion:

Date of Birth: / /

Australian School Entry Date:

Country of Birth:

Date of arrival in Australia: / /

Nationality:

Residential Status:

Language Spoken at Home:

Permanent

1. 2.

Non-Permanent

Indigenous Identifier: Aboriginal / Torres Strait Islander: Yes No (If Yes please tick one below)
 Aboriginal Torres Strait Islander Both Aboriginal & Torres Strait Islander

Were you referred to Southside Montessori School by a current parent? Yes No

Name:

OFFICE USE ONLY

Date of Trial:

Enrolment Fee Paid:

Yes No

Date of Enrolment:

Accepted:

Yes No

Scholastic Year:

Class name:

Immunisation Certificate Provided: Yes No

Placement Fee Received:

Yes No

Birth Certificate Provided: Yes No

Previous School Transcripts Provided: Yes No

Office Signature:

Student Code

STUDENT MEDICAL DETAILS

Doctor's Name:	
Street Number:	Street Name:
Suburb:	Post Code:
Phone Number:	Medicare Number & Position:
Private Health Fund: (if Applicable)	Private Health Fund Number:
Allergies/ Medical Alert	Please specify any allergies /medical alert, particularly ANAPHYLAXIS , relating to the student applying for enrolment (e.g. Allergies to nuts, penicillin, bee stings, asthma, diabetes, epilepsy management etc). If the student has an Action Plan please supply a copy.
Immunisations	Is your child immunised? Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, please provide an up to date copy of your child's <i>Immunisation History Statement</i> .	

OTHER MEDICAL CONDITION YES NO

If Yes/ Please specify:

.....

.....

DIVERSE NEEDS

Indicate whether the student applying for enrolment has any known or suspected special needs (please tick <input checked="" type="checkbox"/> Yes or No or each of the following)					
Physical Needs	Medical Needs	Educational Needs	Behavioural Needs	Sensory Needs (Vision and /or hearing impairment)	Any other Needs
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you have answered yes to any of the above, please provide full details of those needs and any assessment/ intervention/support that he/she may be currently receiving (Supporting documents must be provided)					
Please tick if your child suffers from any of the following:					
<input type="checkbox"/> ADHD	<input type="checkbox"/> Blood pressure	<input type="checkbox"/> Diabetes			
<input type="checkbox"/> Eczema	<input type="checkbox"/> Sight/hearing issues	<input type="checkbox"/> Fainting			
<input type="checkbox"/> Fits/blackouts	<input type="checkbox"/> Hayfever	<input type="checkbox"/> Headaches			
<input type="checkbox"/> Heart conditions	<input type="checkbox"/> Sunscreen sensitivity				

PARENT/CARER INFORMATION

PARENT 1

Title:	Country of Birth:
Family Name:	Nationality:
Given Name:	Language Spoken at Home: 1. 2.
Mobile Number:	Are you an ex-student of Southside Montessori? Yes <input type="checkbox"/> No <input type="checkbox"/>
Work Number:	
Email Address:	Residential Status: <input type="checkbox"/> Citizen <input type="checkbox"/> Permanent <input type="checkbox"/> Non-Permanent /VISA
Religion:	
Occupation:	
Employer:	
Education level:	
Indigenous Identifier: Aboriginal / Torres Strait Islander: Yes <input type="checkbox"/> No <input type="checkbox"/> (If Yes please tick <input checked="" type="checkbox"/> one below) <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both Aboriginal & Torres Strait Islander	
Signature:	

PARENT 2

Title:	Country of Birth:
Family Name:	Nationality:
Given Name:	Language Spoken at Home: 1. 2.
Mobile Number:	Are you an ex-student of Southside Montessori? Yes <input type="checkbox"/> No <input type="checkbox"/>
Work Number:	
Email Address:	Residential Status: <input type="checkbox"/> Citizen <input type="checkbox"/> Permanent <input type="checkbox"/> Non-Permanent /VISA
Religion:	
Occupation:	
Employer:	
Education level:	
Indigenous Identifier: Aboriginal / Torres Strait Islander: Yes <input type="checkbox"/> No <input type="checkbox"/> (If Yes please tick <input checked="" type="checkbox"/> one below) <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both Aboriginal & Torres Strait Islander	
Signature:	

STUDENT LIVES WITH

<input type="checkbox"/> Both parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Parents divorced <input type="checkbox"/> Parent deceased	
Name of Step Parent (if applicable)	

COMPLETE THIS SECTION FOR A PARENT NOT RESIDING AT FAMILY HOME

Mailing Title: (eg: Mr, Mrs, Ms)		Surname:	
Given Name:		Relationship to Student:	
Address:	House/Unit/Flat No:	Street Name:	
	Suburb:	Post Code:	
Home Phone Number:	Work Number:	Mobile Number:	

**Are there any Family Court Orders/ Parenting Plans that have been issued?
in relation to the enrolling student?** Yes No

(Supporting Documents Must be Provided)

EMERGENCY CONTACT (OTHER THAN PARENTS)

Please nominate a person who may be contacted in an emergency, if parents cannot be contacted

Emergency Contact Name:

Emergency Contact Number(s):

Relationship to Student: (e.g. Uncle, Aunty, Friend)

STUDENT PROFILE - KINDERGARTEN ENROLMENTS ONLY

Has the child attended pre-school or child care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of pre-school or child care centre:		
How many days per week?		
Are reports available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can he/she dress themselves?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can he/she go to the toilet independently?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any separation anxiety displayed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any involvement with early intervention?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How does the child mix with other children:		

IF YOUR CHILD IS ALREADY ATTENDING SCHOOL, PLEASE COMPLETE THE FOLLOWING

Name of school:						
Year level:						
School achievement:	Academically:	<input type="checkbox"/> V. Good	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> V. Poor
	Socially:	<input type="checkbox"/> V. Good	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> V. Poor
What are your child's special interests and achievements (cultural/ sporting)?						
Is your child in need of/ or currently receiving any of the following forms of support?	<input type="checkbox"/> English as a second language	<input type="checkbox"/> Language	<input type="checkbox"/> Mathematics			
	<input type="checkbox"/> Individual teacher aide time	<input type="checkbox"/> Visual or hearing impairment				
	<input type="checkbox"/> Speech therapy	<input type="checkbox"/> Occupational therapy				
Please provide details of special circumstances:						

LIST SIBLINGS ENROLLED AT SOUTHSIDE OR OTHER SCHOOLS

Birth Order	Student's Full Name	Date of Birth	School Year	School Attending
1				
2				
3				
4				

LIST SIBLINGS YOU WISH TO ENROL AT SOUTHSIDE IN THE FUTURE

Name	Date of Birth

PAYMENT OF SCHOOL FEES

**I/We agree to pay all school fees relating to the applicant named in this form.*

Name: _____

Name: _____

Relationship

Relationship

Signature

Signature

DECLARATION

- I/We confirm that all information provided in this application form is accurate. We have read and accept the Privacy Notice of the School.
- I/We are the Parents/ guardians/caregivers of this student
- I/We agree to support the School in all activities offered to my child.
- I/We agree to be actively involved in my child's education by attending Parent-Teacher interviews as scheduled.
- I/We give consent to the publication of our child's photos, which may be used for School publications, Newsletters, School Website or in publications for the purpose of promoting the school as per the Conditions of Enrolment.
- I/We have read all the information in the Enrolment Package and understand the policies that we will need to abide by, should this enrolment application be successful. I/We understand that if any misleading information has been provided, or any omission of significant, relevant information made in this application for enrolment, acceptance will not be granted, or if discovered after acceptance the enrolment may be withdrawn.
- If the School enters into debt recovery procedure I/we understand that I/we would be responsible for any additional costs which may arise (eg professional fees and interest charges).
- I/We give permission for our child's medical information to be given to their teachers.

Signed: _____ Date: _____

ACCIDENT PERMISSION

In the event of injury or illness which results in the student needing urgent hospital or medical treatment and where the parent or guardian cannot be contacted to authorise such treatment, the parental signature on this page automatically empowers a responsible member of the Southside Montessori School Staff to give the necessary authority for such treatment without the School or such person incurring any legal liability.

I consent to my child undertaking medical practitioner, hospital or ambulance service and transportation of my child via ambulance or in private car as necessitated.

Signed: _____ Date: _____

APPLICATION PROCESS

1. Completed Enrolment Form
2. Copy of student's Birth Certificate and / or Passport / and Visa / Certificate of Citizenship.
3. Copy of student's latest full School Report - as well as Interim Report if available.
4. Copy of student's latest NAPLAN or equivalent for students applying for upper Primary.
5. Copy of any medical and/or assessment reports must be submitted for your enrolment to be reviewed.
6. Copy of Immunisation History Statement (if immunised)
7. Application Fee - \$250 - * new students only / non-refundable
8. Placement Fee - \$800 A non-refundable placement fee is payable to confirm acceptance of the place.

CONDITIONS OF ENROLMENT

General:

We acknowledge the primary role of our families and welcome opportunities to work in partnership with you.

Students are expected to maintain a high standard of behavior and to treat others with grace and courtesy.

- Parents are expected to support and reinforce these expectations, and to ensure that students wear appropriate clothing and are neatly dressed.
- Parents are required to pay all School Fees by week 3 of each Term
- A full terms notice, excluding holiday times, is required in writing to the Principal before the withdrawal of a pupil, otherwise a full term's tuition fees will be charged.
- A child who is in serious breach of the School rules may be asked to leave the School permanently or temporarily at the discretion of the Principal.
- Parents will be asked to authorise the School to publish photos and video images of their child in school publications such as
 - School newsletter
 - School intranet
 - School website
 - School App
 - Promotional materials
 - Newspapers and other media*This authorisation will occur annually.*
- Parents accept the responsibility to read all communication from the School including the School Newsletter which is electronically distributed to each family via our School App.
- When requested, parents are also expected to respond to School communication in a timely manner.
- Parents are required to be actively involved in their child's education by attending Parent-Teacher interviews as scheduled.
- Parents agree to inform the School (in writing) immediately of any changes of address, phone numbers or other information on this Enrolment Form.
- Parents agree to be bound by any alteration to conditions of enrolment issued by the School Board.

Occupation Group Description	Examples	
<p>Group 1 Senior management in large business organisation (100 or more employees), government administration and defence, and qualified professionals</p>	<ul style="list-style-type: none"> • Senior executive/manager/department head in industry, commerce, media or other large organisations • Public service manager (Section head or above), regional director, health/education/police/fire services administrator • Other administrator [school principal, faculty head/dean, library/ museum/gallery director, research facility director] • Defence Forces Commissioned Officer 	<ul style="list-style-type: none"> • Professionals generally have degree or higher qualifications and experience in applying this knowledge to design, develop or operate complex systems; identify, treat and advise on problems; and teach others. • Health, Education, Law, Social Welfare, Engineering, Science, Computing professional • Business [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer] • Air/sea transport [aircraft/ship's captain/officer/pilot, flight officer, flying instructor, air traffic controller]
<p>Group 2 Other business managers, arts/media/sportspersons and associate professionals</p>	<ul style="list-style-type: none"> • Owner/manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business • Specialist manager (finance/engineering/production / personnel/industrial relations / sales/marketing) • Financial services manager [bank branch manager finance/ investment/insurance broker, credit/ loans officer] • Retail sales/services manager [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency] • Associate professionals generally have Diploma/technical qualifications and support managers and professionals 	<ul style="list-style-type: none"> • Arts/media/sports [musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/women, coach, trainer, sports official] • Health, Education, Law, Social Welfare, Engineering, Science, Computing technician/ associate professional • Business/administration [recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/ project manager] • Defence Forces Senior Non-Commissioned Officer
<p>Group 3 Tradesmen/women, clerks and skilled office, sales and service staff</p>	<ul style="list-style-type: none"> • Tradesmen/women generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group • Clerks [bookkeeper, bank/PO clerk, statistical/actuarial clerk, accounting/claims/audit clerk, payroll clerk, recording/registry/filing clerk, betting clerk, stores/inventory clerk, purchasing/order clerk, freight/transport/shipping clerk, bond clerk, customs agent, customer services clerk, administrations clerk] 	<ul style="list-style-type: none"> • Skilled office, sales and service staff. • Office [secretary, personal assistant, desktop publishing operator, switchboard operator] • Sales [company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher] • Service [aged/disabled/refugee/child care worker, nanny meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor]
<p>Group 4 Machine operators, hospitality staff, assistants, labourers and related workers</p>	<ul style="list-style-type: none"> • Drivers, mobile plant, production/processing machinery and other machinery operator. • Hospitality staff [hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, porter, housekeeper] • Office assistants, sales assistants and other assistants • Office [typist, word processing/data entry/business machine operator, receptionist, office assistant] • Defence Forces ranks below senior NCO not included above • Sales [sales assistant, motor vehicle/caravan/parts salesperson, checkout operator, cashier, bus/train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker] 	<ul style="list-style-type: none"> • Assistant/aide [trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant] • Agriculture, horticulture, forestry, fishing, mining worker [farm overseer, wool/hide classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand] • Labourers and related workers • Other worker [labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor]