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## **Application for Enrolment**

Child's name	//
Child's DOB/ Child'	's ageChild's Gender (M/F)
Desired enrolment date (Term & Year)	Desired enrolment level (Year)
Child's current enrolment (Kindy/Prep/Year 1/etc.)	
Child's current school/pre-school	
Previous schools/pre-schools	
Parent(s) name(s)	
Address	
	Phone 2
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following questions to help us to gain a better sense have built your family. Please feel free to attach add	
Why would you like your child to attend the Cabooltu	ure Montessori School?
What would you most like to see our School accomp	blish for you?
	hing in his or her development and education turned out just as you t characteristics and values would they have developed?
Please describe your child's birth	

Describe the aspects of your child's previous educational experience with which you have been most pleased
What would you say are your child's strengths and weaknesses as a student?
Has your child experienced any difficulties in any education environment? If so, what support has been provided?
Has your child been assessed by any professionals (Psychologist, Occupational Therapist, etc.) (Y/N)
How does your child spend their time outside of school?
Please describe your child's social relationship with other children and with adults
Any further notes?
Application Fee
An Application Fee of \$150 is payable on application for enrolment.
Declaration and signature
I am committed to Montessori Education for my child through to age 12.
Date//
Signature of Parent or Guardian
Office Use Only
Admin: Quad updated by
Accounts: Fee processed, MYOB updated & invoice (Appl. Fee) mailed to applicants by Date Date