



Application for Enrolment Form



Melbourne
Montessori
School

Start your journey...



Student Details PLEASE COMPLETE IN BLOCK LETTERS

Given Name

Preferred Name
IF DIFFERENT

Gender **FEMALE** ☐ **MALE** ☐ **OTHER** ☐
PLEASE SPECIFY

Current Year Level

Current School
OR CHILDCARE CENTRE

Victorian Student Number (VSN)
IF KNOWN

Are you aware of any special learning needs your child might have?

IF YES, PLEASE DESCRIBE BELOW

Surname

Date of Birth / /

Country of Birth

Nationality

Language(s) Spoken At Home
OTHER THAN ENGLISH

Religion
IF APPLICABLE

Entry Preference (18 Months to Year 12)

Entry Level
FOR EXAMPLE, YEAR 7

Entry Year
FOR EXAMPLE, 2032

☐ **Cycle 1**
3YO, 4YO and Prep

☐ **Cycle 2**
Year 1 to Year 3

☐ **Cycle 3**
Year 4 to Year 6

☐ **Cycle 4**
Year 7 to Year 9

☐ **Cycle 5**
Year 10 to Year 12

☐ **International Baccalaureate (IB)**
☐ **Montessori Careers Programme (MCP)**

Early Learning Program:
2.5 TO 3 YEAR OLDS

☐ **PROGRAM A**
Mon AM & Thu PM

☐ **PROGRAM B**
Tue AM & Fri PM

☐ **PROGRAM C**
Wed AM & Mon PM

☐ **PROGRAM D**
Thu AM & Tue PM

☐ **PROGRAM E**
Fri AM & Wed PM

☐ **NO PREFERENCE**

Parent & Toddler Program:
15 MONTHS TO 2.5 YEAR OLDS

☐ **MONDAY**
9.30 - 11.30am

☐ **TUESDAY**
9.30 - 11.30am

☐ **WEDNESDAY**
9.30 - 11.30am

☐ **THURSDAY**
9.30 - 11.30am

☐ **FRIDAY**
9.30 - 11.30am

☐ **NO PREFERENCE**

Parent and Guardian Details PLEASE COMPLETE IN BLOCK LETTERS

PARENT 1 / GUARDIAN 1

Title
MR / MRS / ETC.

Given

Preferred Name
IF DIFFERENT

Surname
FAMILY NAME

Gender **FEMALE** ☐ **MALE** ☐ **OTHER** ☐
PLEASE SPECIFY

Relationship to Student:

Country of Birth

Nationality

Home Address

Home Suburb

Home State Home Postcode

Home Country
IF OTHER THAN AUSTRALIA

Billing Address
IF DIFFERENT FROM ABOVE

Mobile

Email

Occupation

Employer

PARENT 2 / GUARDIAN 2

Title
MR / MRS / ETC.

Given

Preferred Name
IF DIFFERENT

Surname
FAMILY NAME

Gender **FEMALE** ☐ **MALE** ☐ **OTHER** ☐
PLEASE SPECIFY

Relationship to Student:

Country of Birth

Nationality

Home Address

Home Suburb

Home State Home Postcode

Home Country
IF OTHER THAN AUSTRALIA

Billing Address
IF DIFFERENT FROM ABOVE

Mobile

Email

Occupation

Employer

Student will reside with:

☐ **BOTH PARENTS**

☐ **BOTH PARENTS**
(Shared Custody)

☐ **OTHER**
(Please Specify)

Connection to Melbourne Montessori School

From your family, has anyone attended or is anyone currently attending Melbourne Montessori School?

Name

<input type="checkbox"/>	CURRENT STUDENT	Cycle / Year Level:	<input type="text"/>	<input type="checkbox"/>	PAST STUDENT	Last Year / Level (if known):	<input type="text"/>
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Relationship to Student

If you have additional connections, you are welcome to provide this information as an attachment on a separate page.

How did you hear about us? OPTIONAL

<input type="checkbox"/>	LIVE IN AREA	<input type="checkbox"/>	WEBSITE	<input type="checkbox"/>	GOOGLE SEARCH	<input type="checkbox"/>	FACEBOOK	<input type="checkbox"/>	BILLBOARD	<input type="checkbox"/>	EMPLOYER
<input type="checkbox"/>	FRIENDS	<input type="checkbox"/>	FAMILY	<input type="checkbox"/>	TEACHER	<input type="checkbox"/>	MAIL	<input type="checkbox"/>	INSTAGRAM	<input type="checkbox"/>	LINKEDIN

Why have you chosen Melbourne Montessori School for your child's education?

<input type="checkbox"/>	MONTESSORI PHILOSOPHY	<input type="checkbox"/>	REPUTATION OF SCHOOL	<input type="checkbox"/>	ACADEMIC EXCELLENCE	<input type="checkbox"/>	NON-SELECTIVE ENROLMENT	<input type="checkbox"/>	FAMILY TRADITION	<input type="checkbox"/>	PROXIMITY TO HOME
<input type="text"/>											

OTHER
PLEASE SPECIFY

Parent Declaration and Signatures

We accept and agree to be bound by the Terms and Conditions of Enrolment. My/our signature(s) below indicate that I/we have read and understood the Terms of Business and Tuition Fee Schedule, and agree to abide by these and any regulations in force at the School. I/we agree to pay promptly all fees and other money due to the School. If there is more than one Applicant, each is bound by the Terms and Conditions of Enrolment, including joint and several liability for payment of fees.

This Application for Enrolment requires the signature of both parents. Where both signatures are not appended, the circumstances should be indicated to our School Registrar (enrolments@mms.vic.edu.au). If parents are divorced or separated, only one signature is required along with evidence of sole custodianship and/or a copy of any Court Orders.

I/We acknowledge that the information provided to the School is true and correct, and that full disclosure has been made. I/We also understand our obligation to notify the School of any changes to this information.

Parent 1	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
Parent 2	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
Guardian <small>IF APPLICABLE</small>	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>

Payment of Application for Enrolment Fee

☐ I give authority for my credit card to be debited with **AUD\$200.00** (per child) being the non-refundable, non-transferable payment of the Application for Enrolment Fee for Melbourne Montessori School.

Name of Cardholder

Card Number

Credit Card Type

<input type="checkbox"/>	MASTERCARD	<input type="checkbox"/>	VISA	Expiry	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	CCV	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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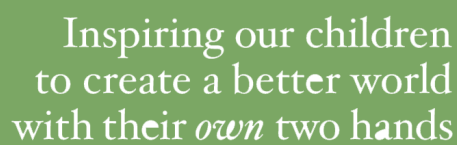
Supporting Documents

Your completed 'Application for Enrolment Form' may be returned to our Enrolments Department by email, scanned or photographed (enrolments@mms.vic.edu.au). Please also ensure copies of the following documents are included with your application submission:

<input type="checkbox"/>	BIRTH CERTIFICATE	<input type="checkbox"/>	IMMUNISATION RECORD <small>MEDICARE STATEMENT</small>	<input type="checkbox"/>	SCHOOL REPORTS	<input type="checkbox"/>	NAPLAN	<input type="checkbox"/>	SPECIALIST REPORTS <small>IF APPLICABLE</small>
<input type="checkbox"/>	PASSPORT	<input type="checkbox"/>	VISA GRANT NOTICE <small>OR APPLICATION RECEIPT</small>	<input type="checkbox"/>	COURT ORDER <small>IF APPLICABLE</small>	<input type="checkbox"/>	CITIZENSHIP CERTIFICATE <small>IF APPLICABLE</small>		

This confidential 'Application for Enrolment Form' asks for personal information about your child, as well as family members and others who provide care for your child. Your privacy is important to us and we refer you to our 'Privacy and Confidentiality Policy' which describes how we collect, use, disclose and transfer personal information, including health information. This policy is available on our website: <https://melbournemontessori.vic.edu.au/privacy-confidentiality-policy/>





Melbourne Montessori School