



BLUE GUM MONTESSORI SCHOOL INC.

APPLICATION FOR ADMISSION

CHILD'S DETAILS

Surname _____ Sibling of Current Student Yes No
Given Name/s _____ Preferred Given Name _____
Date of Birth _____ Gender Female Male

NATIONALITY

Country of Birth _____ Date of Arrival in Australia _____
Permanent Resident Yes No
Is the student of Aboriginal or Torres Strait Islander origin? Yes No
 Aboriginal Torres Strait Islander Both Aboriginal and Torres Strait Islander
Language spoken at home _____

Would you consider your child as having English as a second language? Yes No

Can both parents read and write in English? Yes No

DETAILS OF PARENT/GUARDIAN 1

Title _____ First Name _____ Surname _____
Street Address _____
Suburb _____ Postcode _____ Home Phone _____
Mobile _____ Email _____

DETAILS OF PARENT/GUARDIAN 2

Title _____ First Name _____ Surname _____
Street Address _____
Suburb _____ Postcode _____ Home Phone _____
Mobile _____ Email _____

Office Use Only

	SIB	PG/TR	MONT	PLACE	PAID	INV	REC					
Date rec'd	TR	PK	K	PP	Y1	Y2	Y3	Y4	Y5	Y6	YEAR	TERM

DISABILITY/MEDICAL CONDITIONS

This information will assist the School Principal to consider whether any specific or additional resources are required and available to assist the School with providing the best educational program for your child.

Does your child have a medical or intensive health care need? Yes No

If YES, please specify under **and attach a copy of all medical reports/information to this application**

- | | |
|---|--|
| <input type="checkbox"/> Allergy - Anaphylaxis | <input type="checkbox"/> Hearing condition (e.g. otitis media) |
| <input type="checkbox"/> Allergy - Other | <input type="checkbox"/> Intensive Health Care Needs (e.g. tube feeding) |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Diagnosed migraine/headaches |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Seizure Disorder (e.g. epilepsy) | |

CHILD DEVELOPMENT

Does your child have behavioural, social and/or learning difficulties? Yes No

If YES, please specify under **and attach a copy of all medical reports/information to this application**

- | | |
|--|---|
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Hearing condition (e.g. otitis media) |
| <input type="checkbox"/> Deaf or Hard of Hearing | <input type="checkbox"/> Mental Health of behavioural (e.g. depression, ADD/ADHD) |
| <input type="checkbox"/> Specific Speech Language impairment | <input type="checkbox"/> Vision Impairment |
| <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Physical Disability |

CHILD'S PREVIOUS EDUCATIONAL BACKGROUND (INCLUDING KINDERGARTEN, DAY CARE, ETC.)

1. Has your child been tested by any school counsellor, attended any special classes or been interviewed by any other counsellor, health, professional, etc., in any matter that may affect his/her learning and/or behaviour in the school context? Please give details and provide a copy of report/s

2. If applicable, name of school/centre at which your child is currently or was last enrolled

3. If applicable, year level your child is currently enrolled in

4. If applicable, copies of latest school report/NAPLAN and immunisation record to be attached to this application

Latest school report attached Yes No Not applicable

Latest NAPLAN report attached Yes No Not applicable

Latest immunisation record attached Yes No Not applicable

5. Is your child currently under suspension from a school? Yes No

6. If yes, name of school _____

7. Has your child ever been excluded from a school? Yes No

8. If yes, name of school _____

ADMISSION REQUEST

Requested admission calendar year _____ Requested year group (e.g. Year 1) _____

Requested term of entry Term 1 Term 2 Term 3 Term 4 Specific Date _____

Name/s of all siblings

_____	Age _____	Attends/attended BGMS	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	Age _____	Attends/attended BGMS	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	Age _____	Attends/attended BGMS	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	Age _____	Attends/attended BGMS	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Student and/or siblings who previously attended BGMS and year/s attended

IMPORTANT INFORMATION

It is our intention to deliver excellence in Montessori schooling for 3 to 12 year old children. We implement the Montessori Method of Education to encourage the development of confident, independent, community minded children and to inspire a life-long love of learning.

To do this, it is essential that the school and family are compatible. In an effort to achieve this result we have developed the following criteria for families:

- The readiness of the child, and the compatibility of the child and family with the Montessori system as it is implemented at Blue Gum.
- Children are admitted when they are 3 years of age or upon application.
- Families who will commit to a three year minimum period. Shorter period tent to be ineffective as well as disruptive to the school community. Please indicate your intention as to the length of time you intend your child to be at school by ticking the relevant boxes under (this information will greatly assist in future development of the school).

Cycle 1 - Junior Primary (3-6 year old)

Cycle 2 - Middle Primary (6-9 year old)

Cycle 3 - Upper Primary (9-12 year old)

- Families who have siblings currently attending Blue Gum.
- Families from other Montessori schools.
- Date of completion of application formalities.

CUSTODY

Does the child live with both parents? Yes No **If NO, please outline the arrangements below.**

Are there any Family Court Orders regarding the day to day or long term care, welfare and development of the child?

Yes No **If YES, please attach a copy of Orders to this application.**

Comments _____

HOW DID YOU FIND OUT ABOUT BLUE GUM MONTESSORI SCHOOL?

- Advertising
- Driving Past
- Live in the Area
- Internet Search
- Social Media
- Friends
- Word of Mouth

Your application will be acknowledged and a receipt issued. ***This is not an indication that the application has been successful OR confirmation that your child has a placement.***

I/we hereby make an application for my child to be considered for enrolment as a student at Blue Gum Montessori School.

I/we understand that the completion of this application form and payment of the non-refundable application fee does not guarantee an offer of a place at Blue Gum Montessori School.

I/we understand that:

- a class observation
- attendance at an open morning/evening
- an interview

are all prerequisites for consideration of an offer being made.

**Sibling application refer note above re exemption.*

Application fees for all class/year levels to be paid upon submission of this form (Please note: applications will not be considered without payment of the non-refundable application fee):

- \$250 (per child)
- \$50 (per sibling of student currently attending Blue Gum Montessori School)
- \$300 (per family when two or more siblings are applied for at the same time i.e. on the same date)

Payment method Electronic Bank Transfer (written confirmation required with application form)

Cheque Money Order Cash

Bank details **Blue Gum Montessori School Inc.**
BSB 306 043
Account No 4153530

Signature of Parent/Guardian 1 _____ Date _____

Signature of Parent/Guardian 2 _____ Date _____

