



BLUE GUM MONTESSORI SCHOOL INC.

APPLICATION FOR ADMISSION

CHILD'S DETAILS

Surname: _____ Given Name/s: _____
Date of Birth: _____ Gender: **Female** ☐ **Male** ☐ **Other** ☐
Preferred Given Name: _____
Is your child the sibling of current student: **YES** ☐ **NO** ☐

Details Of Parent/Guardian 1

Title: _____ First Name: _____ Surname: _____
Preferred Name: _____
Street Address: _____
Suburb: _____ Postcode: _____
Home Phone: _____ Mobile Phone: _____
Email Address: _____
What is your preferred contact method? Home Phone ☐ Mobile Phone ☐ Email ☐

Details Of Parent/Guardian 2

Title: _____ First Name: _____ Surname: _____
Preferred Name: _____
Street Address: _____
Suburb: _____ Postcode: _____
Home Phone: _____ Mobile Phone: _____
Email Address: _____
What is your preferred contact method? Home Phone ☐ Mobile Phone ☐ Email ☐

STUDENT CITIZENSHIP AND LANGUAGE

Country of Birth: _____ Nationality: _____

In which country/countries does your child hold citizenship? _____

Does your child identify as Aboriginal or Torres Strait Islander? **YES** ☐ **NO** ☐

If **YES**, please specify: _____

Is your child on a Permanent Resident Visa or other visa? **YES** ☐ **NO** ☐

If **YES**, please detail: _____

International Student Fees

Additional fees may be charged for International Students who are in Australia on a visa class that does not allow the School to receive government funding. Admission is subject to final approval by the School. Please contact the Registrar for further information.

Is English your child's main language? **YES** ☐ **NO** ☐

If **NO**, please specify their main language: _____

What language does your child speak at home? _____

CUSTODY

Are there any Family Court Orders in place? **YES** ☐ **NO** ☐

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 programme for your child.

Does your child have a medical or intensive health care need? **YES** ☐ **NO** ☐

If **YES**, please specify below and **attach a copy of all relevant information to this application.**

- | | |
|---|---|
| <input type="checkbox"/> Anaphylaxis/Severe Allergies | <input type="checkbox"/> Moderate/Minor Allergies |
| <input type="checkbox"/> Deaf or Hard of Hearing | <input type="checkbox"/> Other hearing condition or issue |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Intensive Health Needs (e.g. tube feeding) |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Seizure Disorder (e.g. epilepsy) |
| <input type="checkbox"/> Physical Disability | <input type="checkbox"/> Vision Impairment |
| <input type="checkbox"/> Autoimmune Conditions (e.g. Coeliac Disease) | <input type="checkbox"/> Diagnosed migraine/headaches |
| <input type="checkbox"/> Other _____ | |



CHILD DEVELOPMENT

Has your child ever seen an Occupational or Speech Therapist? YES ☐ NO ☐

If **YES**, please detail: _____

Has there been any indication that your child is experiencing a developmental delay?
YES ☐ NO ☐

Has your child been diagnosed with any social and/or learning difficulties? YES ☐ NO ☐

If YES, please specify below and **attach a copy of all relevant information to this application.**

☐ Neurodivergent condition (e.g. ASD, ADHD, Dyslexia)

☐ Intellectual Disability

☐ Mental health condition (e.g. Anxiety, Depression)

☐ Specific Speech Language impairment

☐ Other _____

IMMUNISATION

Due to changes in legislation, children enrolled in Pre-Kindergarten or Kindergarten **cannot** be enrolled without an up-to-date immunisation statement (no more than 2 months old). Your child's Australian Immunisation Record (AIR) is available from my.gov.au or by phone at AIR General Enquiries [1800 653 809](tel:1800653809).

Is your Latest immunisation record attached? YES ☐

PREVIOUS EDUCATION (including KINDERGARTEN, DAY CARE)

1. Name of your child's most recent education facility? _____
2. Which year level, if any, is your child currently enrolled in? _____
3. Have you attended the Blue Gum Montessori Infant Toddler Community/Playgroup?
YES ☐ NO ☐

4. Has your child been tested by any school counsellor, attended any special classes or been interviewed by any other counsellor or health professional regarding their learning and/or behaviour at school? **YES** ☐ **NO** ☐

4.1. If **YES**, please detail and attach a copy of relevant reports:

5. Is your child presently under suspension at their current school? **YES** ☐ **NO** ☐

5.1. If **YES**, please give details and school name:

6. Has your child ever been excluded from a school? **YES** ☐ **NO** ☐

6.1. If **YES**, please give details and school name:

Please attach a copy of your child's most recent school report and NAPLAN report, if applicable.

- ☐ Latest school report attached.
- ☐ Latest NAPLAN report attached.

OTHER INFORMATION

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
- ☐ Other _____

ADMISSION

ADMISSION REQUEST

Requested admission calendar year: _____ Requested year group: _____

Requested term of entry: ☐ Term 1 ☐ Term 2 ☐ Term 3 ☐ Term 4

Specific Date (if applicable): _____

Does your child have any siblings?

YES ☐

NO ☐

If **YES**, please give their names and date of birth.

Sibling 1:

Name: _____

Date of Birth: _____

Does this sibling currently attend BGMS?

YES ☐

NO ☐

If no, has this sibling ever attended BGMS?

YES ☐

NO ☐

Sibling 2:

Name: _____

Date of Birth: _____

Does this sibling currently attend BGMS?

YES ☐

NO ☐

If no, has this sibling ever attended BGMS?

YES ☐

NO ☐

ADMISSION PROCESS

It is important for parents to note that the submission of this form and payment of the \$260 application fee **does not guarantee your child admission, nor does it guarantee placement should a vacancy arise**. Blue Gum Montessori School does **not** have a date-ordered waitlist.

A classroom observation or attendance at an open information event are recommended prior to applications. An interview is a prerequisite for consideration of all applications. Your application will be acknowledged, and a receipt issued.

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

- \$260 (per child)
- \$55 (per sibling of a student currently attending Blue Gum Montessori School)
- \$320 (per family when two or more siblings make an application on the same date)



PAYMENT METHODS

Application fees can be paid in person by eftpos, cash or cheque, or online via internet banking.

Our online banking details can be found below.

Bank details:

Blue Gum Montessori School Inc.

BSB:

066 000

Account No:

17252596

Ref.

'Child Name' APP

Please return proof of payment with this form.

Signature of Parent/Guardian 1: _____

Date: _____

Signature of Parent/Guardian 2: _____

Date: _____

OFFICE USE ONLY

PAYMENT METHOD: ☐ Eftpos ☐ Cash ☐ Cheque ☐ Online
RECEIPT NO. _____ DATE _____