



Application for Enrolment

CHILD'S DETAILS

Surname _____

Given Name/s _____ Preferred name: _____

Date of Birth: _____ Male Female

Proposed Year and Term of Entry _____

Enrolment Intended:

➤ Children's House (3-6 years of age)

➤ Primary (6-12 years of age)

Other Centres attended: Playgroup Childcare School

Name of Centre/School: _____ Hours per week attended: _____

Are you / your child a holder of an entry Visa to Australia Yes No Visa Grant No. _____

DETAILS OF PARENT / GUARDIAN 1

First Name _____ Surname _____

Street Address: _____

Suburb: _____ Postcode _____

Email: _____ Mobile _____

Occupation _____ Work No _____

DETAILS OF PARENT / GUARDIAN 2

First Name _____ Surname _____

Street Address: _____

Suburb: _____ Postcode _____

Email: _____ Mobile _____

Occupation _____ Work No _____

Siblings Names & DOB: _____

Additional Information

Medical Conditions / Child Development: This information will assist the School Principal to consider whether any specific or additional resources are required and available to the school for your child.

Does your child have a known disability, learning difficulty, medical condition or developmental concerns? / *These may include physical, cognitive/intellectual, learning, sensory, speech and language, Autism Spectrum Disorder, social/emotional/behavioural, illness, medical (anaphylaxis, diabetes, asthma etc.) mental health or other*

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

Nature/Name of disability/condition/diagnosis _____

How did you hear about Montessori Education?: _____

How did you hear about Chrysalis Montessori School?: _____

Any Other Relevant Information: _____

Have you attended an Open Day or school tour at Chrysalis? Yes No

As outlined in the enquiry information, Chrysalis Montessori School is a community-based school, and thus relies on some parental involvement. Please indicate below skills/hobbies you have that could enrich the school (please tick the box or add to the list):

- | | | | |
|--------------------------------|--------------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Art | <input type="checkbox"/> Sports | <input type="checkbox"/> STEM | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Drama | <input type="checkbox"/> Dance | <input type="checkbox"/> Marketing | <input type="checkbox"/> Maintenance |
| <input type="checkbox"/> Music | <input type="checkbox"/> Photography | <input type="checkbox"/> IT Support | <input type="checkbox"/> Carpentry |

Please detail any other Community Work you have been involved in: _____

I/We enclose payment of the \$110.00 (includes GST) non-refundable application fee and understand that this application **does not** guarantee that a place will be offered to us. I/We have received a copy of the 'Admissions Policy' and understand the admissions procedure and conditions outlined therein.

Electronic Bank Transfer: Chrysalis Montessori School Inc. **BSB:** 016 141 **A/C:** 8529 11859

Signature: _____
(Parent / Guardian 1)

Date: _____

Signature: _____
(Parent / Guardian 2)

Date: _____

Application for Enrolment Appendix 1

In order to assist us with the application for your child, we would like to draw your attention to the following selection criteria taken from our Admission Policy.

- ❖ **Demonstrated commitment to or understanding of Montessori Education**
- ❖ **Willingness to be involved in the school community**

Can you please elaborate on these criteria in order to support your application (*please mention any volunteer work you may have undertaken or any visits to the school you have made etc.*).

1) Demonstrated commitment to or understanding of Montessori Education.

2) Willingness to be involved in the school community.

Office Use Only

Application Form Received:	Date Place Offered:
Observation Room:	Orientation Date:
Interview:.....	Commencement Date:

CHRYSALIS MONTESSORI SCHOOL

3-5 Parkland Road Glendalough
Western Australia 6016

Telephone: (08) 9444 6025 Email: admin@chrysalis.wa.edu.au