

# Application Form

It is essential that the following information is complete and up to date prior to commencement at North-Eastern Montessori School. This form must be completed by a parent or guardian who has lawful authority in relation to this child.

**Office Use Only**  
Application Fee Paid  
YES / NO  
Date Paid:

Please complete all pages, and return to the enrolment office with the \$150 application fee (non-refundable) and copies of the following documents: Birth Certificate, Immunisation Record (from MyGov), Current School Report and NAPLAN results (if applicable) and any relevant medical/psychological reports.

Registrar: North-Eastern Montessori School, 315 Aqueduct Road, St Helena VIC 3088  
Telephone: 03 9438 3202 Email: registrar@northeastern.vic.edu.au

### Student Details

Surname: .....

Given Names: .....

Preferred Name: .....

Male/Female/Other (please circle)

Date of Birth: .....

Residential Address: .....

..... Postcode: .....

Centrelink Reference Number (CRN): .....

.....

CRN registered under which parent: .....

.....

Current childcare/kindergarten/School: .....

.....

Sibling currently or previously at North-Eastern: .....

.....

Student resides with:

Both Parents/Guardians  Parent/Guardian 1

Parent Guardian 2

Is the child:  an Australian citizen

of Aboriginal/Torres Strait Islander descent

a permanent resident of Australia\*

a temporary resident of Australia\*

Language(s) spoken at home: .....

Country of Birth: .....

If country of birth is NOT Australia:

Does the family require an interpreter? .....

What year did the child arrive in Australia? .....

What year did Parent/Guardian 1 arrive? .....

What year did Parent/Guardian 2 arrive? .....

\*Please provide details below and include a copy of visas with this application:

Visa subclass: .....

Visa Number: .....

### Enrolment Preferences

I wish to start my child in term .....

in the year ..... in the program below:

Toddler Community (18 mths to 3 years)  
No of days (min 2 days) .....  
Preferred days Mon Tue Wed Thu Fri

Cycle 1 (3 & 4 year old kindergarten)\*  
No of days (min 3 days) .....  
Preferred days Mon Tue Wed Thu Fri

Cycle 1 (Foundation)  
Cycle 2 (Year 1 to Year 3)  
Cycle 3 (Year 4 to Year 6)  
Cycle 4 (Year 7 to Year 9)

### Application Fee Payment Options

Please select one of the following payment options:

CHEQUE Please make cheque payable to North-Eastern Montessori School

CREDIT CARD in person at Reception or via phone 03 9438 3202

DIRECT DEPOSIT Bank: BOQ BSB: 124-001  
Account Number 22059515

Please use your child's full name as the reference

**Parent/Guardian 1 Details**

Surname: .....  
 Given Names: .....  
 Preferred Name: .....  
 Male/Female/Other: .....  
 Date of Birth: .....  
 Residential Address: .....  
 .....  
 Centrelink Reference Number (CRN): .....  
 .....  
 Relationship to the student: .....  
 Relationship to Parent/Guardian 1: .....

Contact Details

Mobile: .....  
 Home: .....  
 Work: .....  
 Email Address: .....  
 Country of Birth: .....  
 Are you of Aboriginal/Torres Strait Islander descent?  
 Yes  No  
 Are you an Australian Citizen?  Yes  No  
 if no, what is your nationality .....

**INFORMATION REQUIRED BY MCEETYA FOR  
ASSESSMENT & REPORTING PURPOSES**

Job Title: .....  
 Industry: .....  
 Highest year of Schooling:  
 please tick only one  
 Year 12 or equivalent  
 Year 11 or equivalent  
 Year 10 or equivalent  
 Year 9 or equivalent or below  
 Highest qualification completed:  
 please tick only one  
 Bachelor Degree or above  
 Advanced Diploma/Diploma  
 Certificate I to IV (including Trade Certificate)  
 No non-school qualification

**Parent/Guardian 2 Details**

Surname: .....  
 Given Names: .....  
 Preferred Name: .....  
 Male/Female/Other: .....  
 Date of Birth: .....  
 Residential Address: .....  
 .....  
 Centrelink Reference Number (CRN): .....  
 .....  
 Relationship to the student: .....  
 Relationship to Parent/Guardian 2: .....

Contact Details

Mobile: .....  
 Home: .....  
 Work: .....  
 Email Address: .....  
 Country of Birth: .....  
 Are you of Aboriginal/Torres Strait Islander descent?  
 Yes  No  
 Are you an Australian Citizen?  Yes  No  
 if no, what is your nationality .....

**INFORMATION REQUIRED BY MCEETYA FOR  
ASSESSMENT & REPORTING PURPOSES**

Job Title: .....  
 Industry: .....  
 Highest year of Schooling:  
 please tick only one  
 Year 12 or equivalent  
 Year 11 or equivalent  
 Year 10 or equivalent  
 Year 9 or equivalent or below  
 Highest qualification completed:  
 please tick only one  
 Bachelor Degree or above  
 Advanced Diploma/Diploma  
 Certificate I to IV (including Trade Certificate)  
 No non-school qualification

**Billing Information**

Please advise which parent/guardian will receive billing information from the School.

Parent/Guardian 1  Parent/Guardian 2

### Student Immunisation Details

Is the child immunised?  Yes  No

If no, Immunisation Conscientious Objection form signed by your doctor must be attached.

Are the child's immunisations up to date at the time of enrolment?  Yes  No

If no, please provide an immunisation catch up schedule authorised by your doctor.

Please provide a copy of your child's Immunisation History Statement. An Immunisation History Statement can be printed from the Medicare section of your MyGov account. You will be required to supply the school with copies of updated Immunisation History Statements throughout the duration of your child's enrolment.

Our School is required to take reasonable steps to obtain up to date Immunisation History Statements from parents/carers, such as regularly reminding them of this obligation, and to keep the latest statements with the child's enrolment records.

For more information, please visit:

<https://www.betterhealth.vic.gov.au/campaigns.no-jab-no-play>

### Student Medical Information

Doctor's Name: .....

Practice Name & Address: .....

Practice Phone: .....

Dentist Name: .....

Dental Practice Name & Address: .....

Dental Phone: .....

Will this child be able to use sunscreen provided by the School?  Yes  No

If no, please ensure sunscreen is provided to your child's teacher on the day of commencement, if not prior.

Does the child have any food allergies?

Yes  No

If yes, please list foods: .....

Does the child have any other allergies? (eg allergies to insect bites or medication)

Yes  No

If yes, please list allergies: .....

Does the child have any medical conditions?

Yes  No

If yes, please indicate those applicable

Epilepsy  Anaphylaxis  
 Asthma  Other .....

### Student Medical Information cntd

Does the child require an Epipen\*?

Yes  No

If yes, please provide an in-date Epipen and up to date Action Plan prior to commencement. Your child will not be able to commence their enrolment until both have been supplied to the School.

\*Note: We do not accept Anapens, only Epipens.

Does the child require an Asthma Inhaler?

Yes  No

If yes, please provide an in-date inhaler and up to date Action Plan prior to commencement. Your child will not be able to commence their enrolment until both have been supplied to the School.

Does the child have any special considerations for cultural, religious or dietary reasons?

Yes  No

If yes, please list: .....

Does the child have any speech, hearing, visual problems or additional needs?

Yes  No

If yes, please list, and provide copies of any assessments or important information with your application form. ....

Has the child been assessed by a Medical Practitioner, Psychologist or other Professional?

Yes  No

Please describe the child's Learning Profile and attach all relevant reports for discussion and planning. ....

Is there any other medical information you need to provide about the child?

Yes  No

If yes, please give details and copies of any assessments or important information. ....

Does the child currently receive any NDIS funding?

Yes  No

### Emergency Contact

There may be times when the child has an accident, injury, trauma or illness and the parent/guardian cannot be contacted. In these circumstances an emergency contact will be phoned.

Two emergency contacts (other than the parent/guardian) must be provided. Emergency contacts must be aged 18 years and over and photo identification must be produced on collection of the child.

#### Emergency Contact 1

First name: .....

Last Name: .....

Relationship to child: .....

Phone No: .....

Address: .....

This person is authorised to consent to medical treatment or to authorise the administration of medication to my child.  Yes  No

This person can authorise the educator to take my child off the School premises.  Yes  No

#### Emergency Contact 2

First name: .....

Last Name: .....

Relationship to child: .....

Phone No: .....

Address: .....

This person is authorised to consent to medical treatment or to authorise the administration of medication to my child.  Yes  No

This person can authorise the educator to take my child off the School premises.  Yes  No

### Emergency Consent

I/we ..... authorise the School to administer emergency medical treatment where appropriate and/or call an ambulance in the event that the child is ill or requires medical attention and the parents/guardians and emergency contact cannot be reached. I/we have read the "Emergency Procedure" and agree with it and agree to pay all costs incurred for the transport by ambulance.

Parent/Guardian Name: .....

Signature: .....

Parent/Guardian Name: .....

Signature: .....

### Authorised Nominees for Collection of Child

Your child will only be released to parents, legal guardians or emergency contacts. If any of these persons cannot collect your child, we require a list of other person/s who you authorise to collect your child on your behalf.

Authorised nominees must be aged 18 years and over and photo identification must be produced on collection of the child. If you child has more than two authorised nominees for collection, please email the School Registrar.

Parents must phone the School to authorise persons listed below to collect your child.

#### Authorised Nominee 1

First name: .....

Last Name: .....

Relationship to child: .....

Phone No: .....

Address: .....

This person is authorised to consent to medical treatment or to authorise the administration of medication to my child.  Yes  No

This person can authorise the educator to take my child off the School premises.  Yes  No

#### Authorised Nominee 2

First name: .....

Last Name: .....

Relationship to child: .....

Phone No: .....

Address: .....

This person is authorised to consent to medical treatment or to authorise the administration of medication to my child.  Yes  No

This person can authorise the educator to take my child off the School premises.  Yes  No

### Court Orders & Legal Matters relating to the Child

Are there any court orders relating to the powers and responsibilities of the parents in relation to the child or access to the child?

Yes  No

If yes, please attach the court order/s forms when submitting this application form.