



## Enrolment Application Form

*Please return this form enclosing \$110 (incl GST) Application Fee*

### STUDENT INFORMATION

Child's Given Names		Surname	
Date of Birth		Gender: M <input type="checkbox"/> F <input type="checkbox"/>	
Address		Postcode	
Email Address			
Parent Name		Occupation	
Contact Numbers (H)	(W)	(Mobile)	
Parent Name		Occupation	
Contact Numbers (H)	(W)	(Mobile)	
Guardian's Name		Occupation	
Contact Numbers (H)	(W)	(Mobile)	
Address		Post Code	

Siblings currently attending Riverlands		Siblings currently attending other schools	
Name	Year Level	Name	Year Level

### STUDENTS INDIVIDUAL NEEDS

To assist the school to respond to individual requirements, please detail any special needs your child has in the following area(s) that may affect his/her learning, participation or welfare during school hours.

Psychological Y <input type="checkbox"/> N <input type="checkbox"/>	Physical Y <input type="checkbox"/> N <input type="checkbox"/>
Behavioural / Safety Y <input type="checkbox"/> N <input type="checkbox"/>	Communication Y <input type="checkbox"/> N <input type="checkbox"/>
Orthopaedic Appliance/Prostheses Y <input type="checkbox"/> N <input type="checkbox"/>	Sensory (eg: Vision/Hearing) Y <input type="checkbox"/> N <input type="checkbox"/>
Cognitive (Gifted & Talented or Learning Difficulties) Y <input type="checkbox"/> N <input type="checkbox"/>	Allergies Y <input type="checkbox"/> N <input type="checkbox"/>
Other Y <input type="checkbox"/> N <input type="checkbox"/>	

**Medication/Health Care Y  N**  If medication or medical/health care services are required during school hours, please provide full details, name, contact number and signed authorisation by the relevant practitioner.

Details

Name	Contact No
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### EXTERNAL SERVICE PROVISION *(Please detail name of Service Provide and contact number)*

Does your child receive any services from an external agency, which may affect education arrangements?	Y <input type="checkbox"/> N <input type="checkbox"/>
Name	Contact No
Does your child receive Respite Care on a regular basis?	Y <input type="checkbox"/> N <input type="checkbox"/>
Name	Contact No
Relation to student	

### AGREEMENT

I/We understand and accept that the completion of this application/enrolment form does not guarantee an enrolment interview. Successful applicants will be determined in accordance with the school's enrolment criteria. I/We understand that attendance at an interview does not guarantee an enrolment offer being made. I/We understand that enrolment of a student in one class does not guarantee the enrolment of that student in any other class. I/We have completed this application form fully and to the best of my/our knowledge. I/We acknowledge and accept that if it can be demonstrated that I/we have withheld information relevant to the application/enrolment process, especially in relation to this student/s individual needs, medical condition, health care requirements and/or Parenting Orders, then the enrolment may be refused or terminated on this ground.

I/We hereby apply for the above child to be enrolled as a student at RIVERLANDS MONTESSORI SCHOOL commencing on ...../...../.....

If at any time in the future I wish to withdraw my child, I agree to give one term's notice in writing. Failing that I will pay the equivalent term's fee.

Signature of Parent(s)/Guardian(s)	Date
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I heard about Riverlands Montessori School from: Website: ( ) Newspaper ( ) Word of Mouth ( ) Signage ( ) Other ( ) *please specify*