



Thomas More Christian Montessori School

Mrs Donna McCulloch, Principal
Dr. Kevin McCulloch, Business Consultant

2 Willow Crt, Bega NSW 2550
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(02)6492 2913

OFFICE USE ONLY		STUDENT #
Principal Interview/Start Date		Medical Plan/Medication form Given
Completed Enrolment Application Form		Student Mobile Phone Policy Given
Completed Conditions of Enrolment		Walking Excursion/Photo Permission Given
Completed Fee Payment Agreement		Entered Student Details Into Enrolment Register
Provided Birth Certificate		Paid Application Fee (\$50)
Provided Immunisation History Statement		Paid Acceptance Bond (\$600)

Student Enrolment Application Form

STUDENT DETAILS	
Surname:	
First Name/s:	Middle Name/s:
Gender:	Date of Birth:
Residential Address:	
Postal Address: (if different from above)	
Home Phone:	Mobile:
Country of Birth: In which country was the student born? <input type="checkbox"/> Australia <input type="checkbox"/> Other, please specify _____	Citizenship: Is the student an Australian citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Indigenous Status: Is the student of Aboriginal or Torres Strait Islander origin? <input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, both Aboriginal & Torres Strait Islander	Main Language other than English spoken at home: Does the student speak a language other than English at home? <input type="checkbox"/> No, English only <input type="checkbox"/> Yes, please specify _____

APPLICATION DETAILS	
Name of current school (if applicable):	
Seeking enrolment for Grade:	Intended start date:
If seeking enrolment for Cycle 1, indicate which days you wish the student to attend: M T W T F	
Preferred Email for Communication Parent 1 please tick box <input type="checkbox"/>	Preferred Email for Communication Parent 2 please tick box <input type="checkbox"/>
For 1 household tick one box, for 2 separate households tick 2 boxes	
PARENT/GUARDIAN 1 DETAILS	PARENT/GUARDIAN 2 DETAILS
Relationship to the student:	Relationship to the student:
Surname:	Surname:
Given Name/s:	Given Name/s:
Home/Mobile Phone:	Home/ Mobile Phone:
Work Phone:	Work Phone:
Email:	Email:
Address:	Address:
Occupation:	Occupation:
Highest level of School Education: <input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below	Highest level of School Education: <input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below
Educational qualifications. What is the highest qualification completed? <input type="checkbox"/> No non-school qualification <input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> Advanced diploma/diploma <input type="checkbox"/> Bachelor degree or above	Educational qualifications. What is the highest qualification completed? <input type="checkbox"/> No non-school qualification <input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> Advanced diploma/diploma <input type="checkbox"/> Bachelor degree or above
Main language other than English spoken at home: <input type="checkbox"/> English only <input type="checkbox"/> Other language, please specify _____	Main language other than English spoken at home: <input type="checkbox"/> English only <input type="checkbox"/> Other language, please specify _____
Do you have a current WWCC number? <input type="checkbox"/> No <input type="checkbox"/> Yes, provide WWCC # _____	Do you have a current WWCC number? <input type="checkbox"/> No <input type="checkbox"/> Yes, provide WWCC # _____

For verification, please provide your DOB: _____	For verification, please provide your DOB: _____
EMERGENCY CONTACT 1 INFORMATION Other than Parent/Carer	EMERGENCY CONTACT 2 INFORMATION Other than Parent/Carer
Relationship to student:	Relationship to student:
Name:	Name:
Phone:	Phone:
MEDICAL INFORMATION:	
Disabilities, Medical Conditions, Illnesses, Allergies or Accidents:	
Does the student have any current physical, cognitive, social-emotional or sensory disabilities?	
<input type="checkbox"/> No <input type="checkbox"/> Yes, please provide relevant documentation	
Does the student have any serious medical condition or illness (including childhood illnesses)?	
<input type="checkbox"/> No <input type="checkbox"/> Yes, please provide relevant documentation	
Does the student have any known allergies?	
<input type="checkbox"/> No <input type="checkbox"/> Yes, please provide relevant documentation	
Dietary Considerations:	
Vaccination Status:	
<i>Schools are required to keep records of the vaccination status of children enrolled.</i>	
Has the student been vaccinated?	
<input type="checkbox"/> No <input type="checkbox"/> Yes, please provide vaccination history statement	
CONSENT:	
1. If in time of accident or serious illness I/we cannot be contacted, I/we give permission for the Principal (or representative) to seek medical attention as required.	
<input type="checkbox"/> No <input type="checkbox"/> Yes	
2. I/we give consent for my child to participate in walking excursions around the Bega township accompanied by the Class Teacher.	
<input type="checkbox"/> No <input type="checkbox"/> Yes	
3. I/we consent to my child's photo being used for the school website, Facebook and newspaper publicity, as well as on school brochures.	
<input type="checkbox"/> No	

Yes

Conditions of Enrolment

Enrolment at Thomas More Christian Montessori (TMCM) School is subject to the following terms and conditions:

- 1.** Upon receipt of a completed form, interviews with parents or guardians will be arranged.
- 2.** Acceptance of students for enrolment at TMCM School will be solely at the discretion of the School.
- 3.** A student's enrolment will be effective from the date on which the student commences at the School.
- 4.** Any health or educational difficulties need to be declared. Please include current report cards and relevant records. All documents will be treated confidentially.
- 5.** A birth certificate and immunisation history statement should accompany the Student Enrolment Application Form.
- 6.** Parents will agree to allow the child to share in the life and program of the School, including the activities related to the reading of Bible Stories.
- 7.** Parents undertake to provide the child with all of the necessary equipment of a personal nature, that may be required to enable the child to benefit from the education offered.
- 8.** Parents undertake to ensure that the child is always sent to School, neatly and in full school uniform.
- 9.** The School may terminate enrolment at its discretion for failure to comply with these conditions or if the School fees that the programs being offered to a child are not appropriate for the child.
- 10.** A parent or guardian may terminate enrolment in writing at least 7 days in advance and fees will be charged on a pro rata, term basis.
- 11.** Payment of fees will be due at least seven days after the receipt of each term invoice.

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- I/we hereby declare that the information provided by us is true and correct at the time of the application.
- I/we agree to the Conditions of Enrolment above and understand that our failure to comply with any of the above may jeopardise my child's enrolment.
- I/we declare that we support the Thomas More Christian Montessori School's Policies, Procedures and Codes of Conduct, which may be updated from time to time.

PARENT/GUARDIAN 1 SIGNATURE:	PARENT/GUARDIAN 2 SIGNATURE:
Signed:	Signed:
Print Name:	Print Name:
Date:	Date: