



## Enrolment Application Form Cambridge Montessori Primary At Te Miro

### STUDENT DETAILS

Student's Name \_\_\_\_\_  
First Name Family Name

Date of Birth : \_\_\_\_/\_\_\_\_/\_\_\_\_      Gender : Female / Male  
dd mm yy

Place of Birth : \_\_\_\_\_

Ethnic Details :

The Ministry of Education requires schools to provide information in statistical returns:

NZ Pakeha : \_\_\_\_\_ NZ Maori : \_\_\_\_\_ Asian : \_\_\_\_\_ European : \_\_\_\_\_

Cook Island : \_\_\_\_\_ Samoan : \_\_\_\_\_ Fijian : \_\_\_\_\_ Tongan : \_\_\_\_\_

Niuean : \_\_\_\_\_ Tokelauan : \_\_\_\_\_ Other : (please specify) : \_\_\_\_\_

### PRESCHOOL EDUCATION

Montessori Preschool : \_\_\_\_\_

Date Commenced : \_\_\_\_/\_\_\_\_/\_\_\_\_      Completion Date : \_\_\_\_/\_\_\_\_/\_\_\_\_  
dd mm yy dd mm yy

Age At completion : \_\_\_\_\_

Weekly preschool sessions currently  
attended, or (if finished) attended in  
final year:

(Please tick)

Mon	Tues	Wed	Thurs	Fri
am	am	am	am	am
pm	pm	pm	pm	pm

Additional preschool experience : \_\_\_\_\_



## STUDENTS HEALTH

Describe your child's general health: \_\_\_\_\_

\_\_\_\_\_

Does your child have any allergies? If so, please describe them briefly:

\_\_\_\_\_

Does your child have any physical limitations which would limit his / her participation in the full range of school activities? If so, describe them briefly:

\_\_\_\_\_

Has your child ever suffered any serious illness, injury or hospitalisation?

\_\_\_\_\_

Is your child currently receiving any medication? If so, please list:

\_\_\_\_\_

### **SPECIAL NEEDS** (Includes behavioural needs e.g. ADHD, Autism, Cerebral Palsy etc)

Your child needs to be able to work independently and without major disruption to the class. If your child had any medical/special/behavioural needs which would mean this was not possible, please include below. Please include the names of any specialists or special education groups your child has been or is in contact with at present. Failure to disclose this information or a false declaration will rule the child ineligible for the class. If you are unsure what to include, please ask the Enrolment Officer.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Our primary goal in the enrolment process is to ensure the right fit between school, student and family. Please consider and answer these questions to help us get a sense of your child as a unique individual and of the values around which you have built your family.

**THE MONTESSORI CLASS AT TE MIRO SCHOOL**

What is it about our Montessori class that appeals to you?

Why do you feel that our Montessori Class would make a good choice for your child?

What would you most like to see our Class accomplish with your child over the next few years?

**PARENT / GUARDIAN / CAREGIVER DETAILS**

Names : \_\_\_\_\_

Relationship to Student : \_\_\_\_\_

Occupation : \_\_\_\_\_

Contact Telephone  
Numbers : Home \_\_\_\_\_

Work \_\_\_\_\_

Mobile \_\_\_\_\_

Home address: \_\_\_\_\_  
\_\_\_\_\_

Mailing Address:  
(if different from above) \_\_\_\_\_

Email Address: \_\_\_\_\_  
\_\_\_\_\_

### PARENT / GUARDIAN / CAREGIVER ASSISTANCE TO THE TRUST

The Montessori Class is run by a charitable Trust, staffed by volunteer parents. The Trust and teachers are always grateful for parents' assistance. Please indicate below whether you have skills or time you could offer and whether you would help in any of the ways listed:

Skills:

(eg accountancy, legal publishing, marketing music, art, foreign languages, cooking gardening, etc)

Mum:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dad:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I can help with : (please tick)

Fundraising \_\_\_\_\_

Fundraising \_\_\_\_\_

Working Bees \_\_\_\_\_

Working Bees \_\_\_\_\_

Administrative Tasks \_\_\_\_\_

Administrative Tasks \_\_\_\_\_

Other : \_\_\_\_\_

Other : \_\_\_\_\_

I do not expect to be able to help \_\_\_\_\_

I do not expect to be able to help \_\_\_\_\_

### PERMISSION FOR PHOTOGRAPHS AND FILM

From time to time children may be photographed or filmed at Te Miro Primary and these materials may be used for publicity (eg newsletters, yearbook) and / or promotion of the Montessori Class or Te Miro School.

Please delete as appropriate:

I DO / DO NOT give permission for my child to appear in photographs or films taken by representatives of the Trust or of Te Miro School

I DO / DO NOT give permission for photographs or films of my child to appear in publicity or promotional material for the Montessori Class or Te Miro School.

### PERMISSION TO PUBLISH PERSONAL DETAILS

The Trust circulates a contact list solely among parents of the Montessori Unit in order to help facilitate out-of-hours socializing, car-pooling, etc. The information published includes parents' / guardians' / caregivers' name, home address, phone numbers, name of child and email address.

Please delete as appropriate:

**DECLARATION**

1. Information supplied on this form is true and correct. We / I have read, understand and agree to abide by the enrolment conditions as laid out in the “Contract for Services” and we/I agree to pay the donations as laid out therein.
2. We / I agree to abide by all Board of Trustees policies, and support the school’s rules and regulations. We / I support the school in maintaining high standards of work habits and good behavior. We / I agree to take responsibility for loss or damage to school property caused by our/my child (eg textbooks, Montessori equipment, library books, sports equipment).

SIGNED : ..... Date : .....

Please print name : .....

SIGNED : ..... Date : .....

Please print name : .....