



Application for Admission

Individual Education
 Individual Teaching
 Individual Thought
 Individuals making great communities



Application is hereby made for the admission of		(Child's Full Name)	
as a student in Perth Individual to start in		Term:	in the year:
Name of Previous School (if any):			
Date of Birth:		Gender:	
Place and Country of Birth:	If not an Australian Citizen please provide VISA number:		
Home Street Address:			
Home Suburb:		Post Code:	
Mother/Parent 1/Responsible Person 1/Guardian 1 Name:			
Parent 1 email address:			
Parent 1 phone number:		Occupation:	
Father/Parent 2/Responsible Person 2/Guardian 2 Name:			
Parent 2 email address:			
Parent 2 phone number:		Occupation:	
For children under age 4:			
Did your family attend Pre3Montes Playgroup?		Yes / No	
Previous And Current Experience Away From Home: (e.g. Day Care, Family Day Care or other)			
For children aged 5 (pre-primary) through to aged 17/18 (years 11/12): Please provide all past school reports with your application.			
For All Applicants: Please provide any relevant medical information or assessment materials with your application.			
PLEASE LIST ALL SIBLINGS			
Sibling 1:		D.O.B.	
Sibling 2:		D.O.B.	
Sibling 3:		D.O.B.	

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FULL DISCLOSURE

- My child has a medical, social / emotion, educative condition that contributes to dysfunction or learning difficulties. YES NO
- Please attach a brief description of that condition, how it presents, what treatment or intervention has been undertaken and the outcome of that intervention.

CONDITIONS

1. In keeping with the Montessori spirit which emphasises the importance of parents' or guardians' participation in the education of the child, once he or she is enrolled, I acknowledge the necessity:-
 - (a) To make time to observe regularly in my child's Classroom and attend bi-annual parent interviews.
 - (b) To attend parent education days and/or evenings.
 - (c) To fulfil any obligations related to the college e.g. college maintenance, busy bees, fund-raising events.
2. I have enclosed the Application Fee (see enclosed Business Arrangements form) for my child. (All costs being non-refundable). Application Fee includes 10% G.S.T. to cover administration costs.
3. I understand that new students are admitted on a one term probation period and that my agreement to pay tuition fees for the full academic term is not subject to adjustment because of illness or absence from the college for any cause unless prior arrangements have been made with Perth Individual Board of Management.
4. I understand that students older than 4 years may be asked to undertake a Profiling Assessment prior to an enrolment interview. Such profiles are used to provide a benchmark from which Individualised Education Programs (IEP's) can be developed.
5. I understand that Perth Individual is bound by the articles and regulations of the National Privacy Act of 2002 and agree that any observations made of children other than my own must remain confidential. I understand and acknowledge that Perth Montessori School is transitioning and rebranding to become Perth Individual, A Progressive Montessori College, in 2017.

GUARDIANSHIP / CUSTODY

Name of person who has legal custody / guardianship of the child: _____

SIGNATURE: DATE:

(Parent/Guardian): _____ Date: _____

PAYMENT OPTIONS - Please select your choice of payment.

Cash Cheque (made payable to Perth Individual) Credit Card (MasterCard or Visa only) Direct Debit

Credit Card No: _____ Expiry Date: _____ / _____ / _____ CCV: _____

Signature of card holder: _____

To pay by direct debit:

Account Name: Perth Individual

BSB: 036037

Account Number: 118381

Please use your surname as the payment reference and email a copy of your direct debit receipt to admin@pi.wa.edu.au

THIS DOCUMENT WILL BE A TAX INVOICE FOR GST WHEN YOU MAKE PAYMENT

Office Use Only:

Date & Fee Received: _____

Receipt No: _____

Student Name: _____

Family Name: _____

Open Morning/Tour Date: _____

Pre3Montes Family: Yes No