

## **Application for Enrolment**

Child's Surname:									
Child's Other Names:									
Date of Birth:	Female □ Male □								
Proposed Year and Term of Entry:									
Enrolment Intended: Children's House only (3-6 years of age) $\square$ Primary (6-12 years of age) $\square$									
Other Centres attended: Childcare	l Playgroup □ School □								
Name of Centre:									
Hours per week attended:									
Details of any Medical or Developmental Concerns:									
Has your child been referred to Outside Agencies? Yes $\Box$ No $\Box$									
If yes, please provide details:									
11 yes, pieuse provide details.									
Name of Parents/ Guardians (in full):									
Parent (1):	Parent (2):								
Address:	Address:								
P/C	P/C								
Email:	Email:								
Telephone: (Home):	Telephone: (Home):								
(Work):	(Work):								
(Mobile):	(Mobile):								
Relationship to Child:	Relationship to Child:								
Occupation:	Occupation:								
Employer:	Employer:								
Siblings Names & DOB:									

## CHRYSALIS MONTESSORI SCHOOL

3-5 Parkland Road Glendalough Western Australia 6016

Telephone: (08) 9444 6025 Facsimile: (08) 9444 9985

Email: admin@chrysalis.wa.edu.au

How did you hear about Montessori Education?:							
How did you hear about Chrysalis Montessori School?:							
Any Other Relevant Information:							
Have you attended a	an Open Day at Chrysa		Yes		No [		
As outlined in the enquiry information, Chrysalis Montessori School is a community based school, and thus relies on some parental involvement. Please indicate below skills/hobbies you have that could enrich the school (please tick the box or add to the list):							
□ Art □ Drama □ Music	☐ Sports ☐ Dance ☐ Photography	□ Mark	inagement irketing Support			□ Ma	ordening Sintenance Sintentry
Please detail any other Community Work you have been involved in:							
I/We enclose payment of the \$110.00 (includes GST) non-refundable application fee and understand that this application <b>DOES NOT</b> guarantee that a place will be offered to us. I/We have received a copy of the 'Admissions Policy' and understand the admissions procedure and conditions outlined therein.							
Signed:(Pare	nt 1)		Signe	Signed:( <i>Parent 2)</i>			
Date:			Date	:			
Office Use Only							
Application Form Recei	ived:		Recei	Receipt No:			
Observation/Interview	Date:		Observation Room:				
Date Place Offered:			Classroom:				
Orientation Date:			Paren	nt list entr	y:		Welcome Pack: □
Commencement Date:			Maze	e data ent	ry:		Mailing List: □
Comments:							