



9 Bardoo Avenue
Nth Balgowlah
NSW 2093
02 9949 1008

ABN:95 002 437 881

Carer Reference Number: 281 762 190X- Jennifer Bensted

Enrolment Waitlist Application Form

Includes:
Instructions for Completion
Enrolment Application Form

Instructions for Completion

1. Applications for enrolment will only be accepted after the birth of a child.
2. Applications must be on the official form and should be submitted as soon as possible after birth with the application fee.
3. All applications will be placed on the waitlist in order of receipt.
4. A candidate cannot be placed on our waitlist until the waitlist application fee has been received.
5. Once a waitlist application and application payment is received the application fee is **non refundable**. If an offer is made and not accepted, the application will be placed in our declined files unless the family request to remain on the waitlist.
6. **If an offer is accepted**, then families will be asked to confirm this through the payment an enrolment fee. This will be required prior to placement depending on when the position becomes available. This **enrolment fee is non-refundable** and confirms your child's placement.
7. All candidates must adhere to the NSW vaccination guidelines.
8. Any child not offered a position for entry year will remain on the waitlist up until the next point of entry or to fill vacancies throughout the year.



Waitlist Application Form

CYCLE (Please tick the cycle you are interested in enrolling in)

- Toddler Community Enrolment 2-3 yrs** **Pre-Primary Enrolment 3-6yrs**
 Primary Enrolment

Year of preferred entry: _____

Child's Details

Surname: _____ Given Names: _____

Address: _____

Home Phone: _____

Resides With: Parents Mother Father Guardian / Other: _____

Gender: Male Female Ethnic background: _____

Date of Birth: _____ First language _____

Place in family _____ Second language _____

Health

Health Care Card if applicable: _____

Does your child have any additional needs? _____

Previous Schooling (if applicable, give full details / if previously attended a Montessori school)

School Attended: _____

Years Attended: _____

Other Involvement: _____

Sibling Details:

Name	Date of Birth	Currently Enrolled at	Yrs attended Farmhouse
_____	_____	_____	_____
_____	_____	_____	_____

Parents/ Guardians

Mother

Father

	Mother	Father
Name		
Occupation		
Address		
Email		
Home phone		
Work phone		
Mobile		

Other information

How did you hear about The Farmhouse Montessori School? _____

How did you hear about The Montessori Program? _____

Have you attended a Farmhouse School tour? Y/N

Have you attended one of the School's Parent Information Evenings? Y/N

If yes which one/s? _____

Have you ever attended a Farmhouse Open Day? Yes/No If Yes what year/s?: _____

Application to join Manly Warringah Montessori Society

We / I _____ apply for membership of the Manly Warringah Montessori Society which entitles each family to one vote at the General Meetings.

I / We understand that the enrolment fees and membership fees are non-refundable and must be members of the Manly-Warringah Montessori Society to remain on the waitlist or to have a student at the school. We undertake to abide by the Memorandum and Articles of Association of the MWMS.

I/We have read the above terms and conditions and agree to be bound by them, and any further terms and conditions, of which the School may notify me/us.

Print Name: _____ Date: _____

Signature _____

Parents or Guardians:
(Either can sign)

Print Name: _____ Date: _____

Signature _____

PAYMENT – please note these fees are for 2018 and are subject to change

Enrolment Application fees

\$250.00 incl GST

MWMS Family Membership

\$99.00 incl GST

- I enclose a cheque made payable to Manly Warringah Montessori Society
OR
 Please accept my credit card payment: MasterCard Visa American Express (see below)
OR
 Direct bank transfer to:

BANK DETAILS:

Account Name: Farmhouse Montessori School
Bank Name: Westpac
BSB: 032 096
Account no: 589599

Please ensure you have indicated the name of your child and purpose of payment in the transfer.

CREDIT CARD PAYMENT DETAILS

VISA / MASTERCARD/AMEX

Name on card: _____ Expiry date: _____

Credit Card Number: _____ CCV: _____

All Credit Card Transactions incur a Merchant fee.

Signed: (mother) _____ (father) _____

OFFICE USE:

Date received:	Email:
Cheque Number:	M.Y.O.B.
Database:	Acknowledgement Letter:
Membership:	Receipt:
Family Code:	Age at 1st Feb
Waitlist year/s:	Filed :