



## EDUCATING THE WHOLE CHILD

Preschool (02) 9949 1008

9 Bardoo Avenue, Nth Balgowlah, NSW 2093

Primary (02) 9977 6790

Building 6, Nth Head Sanctuary,  
33 North Head Scenic Dr, Manly, NSW 2095

[enrolments@farmhousemontessori.nsw.edu.au](mailto:enrolments@farmhousemontessori.nsw.edu.au)

[www.farmhousemontessori.nsw.edu.au](http://www.farmhousemontessori.nsw.edu.au)

## 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 an 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.



## Application Form

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

☐ Infant Community 2-3yrs   ☐ Pre-Primary Enrolment 3-6yrs   ☐ Primary Enrolment

**Year of preferred entry:** \_\_\_\_\_

**Child's Details:**

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

Address: \_\_\_\_\_ Post code: \_\_\_\_\_

Resides With: ☐ Parents ☐ Mother ☐ Father ☐ Guardian / Other: \_\_\_\_\_

Gender: ☐ Male ☐ Female

Date of Birth: \_\_\_\_\_

Place in family: \_\_\_\_\_

Ethnic background: \_\_\_\_\_

First language: \_\_\_\_\_

Second language: \_\_\_\_\_

**Health**

Government 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	Years attended Farmhouse
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_____	_____	_____	_____
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_____	_____	_____	_____
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**Parents/ Guardians**

	<b>Parent 1</b> (Please circle) Mr / Mrs / Ms	<b>Parent 2</b> (Please circle) Mr / Mrs / Ms
Name		
Occupation		
Address		
Email		
Home phone		
Work phone		
Mobile		

**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.

**Parents or Guardians:** (Either can sign)

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

## **PAYMENT DETAILS**

**PAYMENT** – *please note these fees are subject to change*

**Enrolment Application fees** \$250.00 *incl. GST*

**MWMS Family Membership (ANNUAL)** \$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: (Parent 1) \_\_\_\_\_ (Parent 2) \_\_\_\_\_

## **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 :