



## ENROLMENT APPLICATION FORM

Anticipated start date Term \_\_\_\_ (1,2,3,4) of 20\_\_\_\_

### Student Details

#### Child's full name

\_\_\_\_\_

\_\_\_\_\_

#### Date of Birth

\_\_\_/\_\_\_/\_\_\_

#### Gender Female/Male

(circle applicable)

#### Ethnic Details

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

NZ Pakeha \_\_\_\_\_

NZ Maori \_\_\_\_\_

European \_\_\_\_\_

Asian \_\_\_\_\_

Cook Island \_\_\_\_\_

Samoa \_\_\_\_\_

Tongan \_\_\_\_\_

Niue \_\_\_\_\_

Tokelauan \_\_\_\_\_

Other (please specify) \_\_\_\_\_

### PRESCHOOL EDUCATION

#### Montessori Pre-school

\_\_\_\_\_

#### Date Commenced

\_\_\_\_\_ month year

#### Date Finish(ed)

\_\_\_\_\_ month year

#### Current age

\_\_\_\_\_ Years/Months

#### Age at anticipated completion date

\_\_\_\_\_ Years/Months

#### Other Pre/School experience

\_\_\_\_\_

#### Weekly preschool sessions presently attended or attending in final year at preschool

State number of full and/or half days per week \_\_\_\_\_

### PRIMARY EDUCATION

#### Montessori Primary

\_\_\_\_\_

#### Date Commenced

\_\_\_\_\_ month year

#### Date Finish(ed)

\_\_\_\_\_ month year

#### Other Primary

\_\_\_\_\_

#### Date Commenced

\_\_\_\_\_ month year

#### Date Finish(ed)

\_\_\_\_\_ month year

**SIBLINGS**

Please note acceptance of your child at Montessori @ Howick Primary does not automatically secure a place for siblings. All children will be assessed on their own merits. A separate Enrolment Application will need to be completed for each sibling.

**Are there siblings to be placed on Waiting List?** Yes / No

**Name** \_\_\_\_\_ Male / Female Date of Birth \_\_\_/\_\_\_/\_\_\_

**Name** \_\_\_\_\_ Male / Female Date of Birth \_\_\_/\_\_\_/\_\_\_

**Siblings already attending/attended Montessori @ Howick Primary**

Do you have any other children who currently attend or who have attended Montessori @ Howick Primary? If so, please provide names and dates.

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**PARENT/GUARDIAN DETAILS**

**Name mother** \_\_\_\_\_

**Name father** \_\_\_\_\_

**Name guardian** \_\_\_\_\_ (if applicable)

**Address mother**  
\_\_\_\_\_  
\_\_\_\_\_

**Address father**  
\_\_\_\_\_  
\_\_\_\_\_

**Address guardian**  
\_\_\_\_\_  
(if applicable) \_\_\_\_\_

Contact Details	Mother	Father	Guardian
Home	_____	_____	_____
Business	_____	_____	_____
Mobile	_____	_____	_____
Email	_____	_____	_____

**Is anyone denied access to your child?** Yes / No

*If Yes, please contact the School Principal and class teachers to discuss details in confidence. In the case of legal separation of parents/guardians where one parent/guardian is denied access to the child, we must have a copy of the Non-Access Order.*

## Parent / Guardian Assistance to the Trust

The Trust at Montessori @ Howick Primary is run by parent volunteers. There are many jobs required to be done to ensure that a Montessori education can be delivered to your child. You can join the Trust as a formal Trustee or assist on an informal basis. The Trust has an expectation that all parents volunteer their help in some way every year. Jobs include – administration, desk top publishing, promotion and marketing, financial/ accounting, fundraising, working bees, school trips, organising social events, gardening, cooking, foreign languages.

Please tell us what your skills are and how you would be able to help.

## EMERGENCY CONTACTS

*In case neither parent/guardian listed above can be contacted by telephone in the event of an emergency, please nominate **two** other contact people.*

**Name 1** \_\_\_\_\_

**Relationship to Child 1** \_\_\_\_\_

(e.g. Aunt, grandparent, family friend)

**Address 1** \_\_\_\_\_  
\_\_\_\_\_

**Name 2** \_\_\_\_\_

**Relationship to Child 2** \_\_\_\_\_

(e.g. Aunt, grandparent, family friend)

**Address 2** \_\_\_\_\_  
\_\_\_\_\_

### Contact Details

	Contact 1	Contact 2
Home	_____	_____
Business	_____	_____
Mobile	_____	_____
Email	_____	_____

### **Why are you choosing Montessori @ Howick Primary for your child?**

Every child is unique, families have their own values and every school is different. It is important that there is a good fit and so the Trust and the Teachers want to know why you are choosing Montessori @ Howick for your child/ren.

These are some of the questions that we would like you to answer here and the Trust and Teachers would like to discuss further when they meet with you. This is an important part of the enrolment application procedure.

What is it about Montessori primary education that appeals to you?

Why do you feel that Montessori @ Howick Primary is a good choice for you and your child?

What are your goals and aspirations for your child at primary school?

### **SPECIFIC NEEDS – ADDITIONAL INFORMATION**

It is important that the Teachers are aware of any special needs that your child has (learning, health/medical, social). Once your child has been offered a place and you have accepted, you will be required to complete a medical details form which will be sighted and held confidentially by the Teachers (not by the Trust). Are there any learning, health/medical, social or other issues that you feel are relevant to your child's application?

Yes / No

Please provide details \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you wish to discuss any issues in more detail with Tesneem Couper the Directress you can do so. ([t.couper@howickprimary.school.nz](mailto:t.couper@howickprimary.school.nz) or phone 09 534 6082)

### **PROCEDURE FOR APPLICATION**

Note – completion of this enrolment application form does not mean that your child has been accepted for a place at Montessori @ Howick Primary. The enrolment application form will be reviewed by the Teachers and Trustees. You and your child are required to meet with both the Trust and Teachers at school visits/open days. A successful application will result in a Contract for Services being offered to the parents which they must then formally accept.

**NB: Please ensure you have paid the non-refundable \$50 administration fee using your child's name as the reference number. Bank account details: 01-1837-0013369-00 - ANZ, Sylvia Park**

**DECLARATION**

1. Information supplied on this form is true and correct. Any information that is subsequently shown to be false could result in my child being required to leave Montessori @ Howick Primary.
2. In case of sickness or accident & the school is unable to contact parents or nominated Emergency Contacts, we/I give authority for medical assistance to be sought or given to my child. We/I give authority to the Principal to act on our behalf in any medical emergency.
3. We/I agree to abide by all Board of Trustee policies (both Howick Pakuranga Montessori Academy Trustees and Howick Primary School Trustees) and support the school’s rules and regulations. We/I will support the school in maintaining high standards of work habits and good behaviour. We/I agree to take responsibility for loss or damage to school property caused by my child.
4. We/I agree to pay all the donations and resource contributions while my child attends Montessori @ Howick Primary School. We/I further understand that my child’s attendance at school is dependant on these payments.
5. In terms of the Privacy Act, we/I understand that the personal information provided in this Enrolment Application form part of the essential information for Howick Pakuranga Montessori Academy Trust and Howick Primary School management purposes, and for appropriate statistical returns. Those named will have rights of access to and correction of the recorded information held by the school.
6. We/I **do / do not** give my consent for my child to appear on video, film or be photographed in class at school, & I understand that any photographs and or videos may be used for publicity and or promotion of Montessori classes and Howick Primary School.
7. We/I **do / do not** give permission for the Montessori Primary Teacher to contact the Preschool or Primary School Teachers(s) (or other relevant organisation) to discuss (in confidence) our child’s application?

Signed (mother) \_\_\_\_\_ Print name \_\_\_\_\_ Date \_\_\_\_\_

Signed (father ) \_\_\_\_\_ Print name \_\_\_\_\_ Date \_\_\_\_\_

Signed (guardian) \_\_\_\_\_ Print name \_\_\_\_\_ Date \_\_\_\_\_

**Note – both parents must sign. Or state clearly if one parent only has custody.**

**PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS.**