



Registration of Interest Form

Name of child _____ (Male / Female)

Date of birth _____ **Year in which child turns 6:** _____ **Term:** 1 / 2 / 3 / 4

Name Mother _____ **Name Father** _____

Name guardian _____ (if applicable)

Address mother _____

Address father _____

Address guardian _____

(if applicable)

Contact Details	Mother	Father	Guardian
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Home	_____	_____	_____
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Business	_____	_____	_____
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Mobile	_____	_____	_____
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Email	_____	_____	_____
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Montessori Pre-school / Kindergarten / Montessori Primary School (Please Circle)

Attending _____ **Attended** _____

Years/Months of Montessori Education to date

Specific Needs – Additional Information

Are there any learning, health/medical, social or other issues that may be relevant to your child’s application?

Yes / No (Please Circle)

Please provide details _____

Signed _____ (Parent/s / Guardian) **Date** _____

NB: Completion of this form does not mean your child has automatically been accepted for a place in the Montessori @ Howick Primary School class. This form enables the Trust to establish a plan for your child’s possible placement in the future.

Newsletters & other information (eg open days) will be emailed to you on a regular basis. (Please cross here if you do not wish to receive emails)

On receipt of Registration of Interest Form we will send you an Information and Enrolment pack. Next step - Please submit Enrolment Application Form and post to above address.

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