



**Montessori Primary**  
@ Huapai District School

Supported by the

**West  
Auckland  
Montessori  
Trust**

**FOR OFFICE USE ONLY**

Date received:

Application fee paid:

Cash \_\_\_\_\_ Cheque \_\_\_\_\_ EFT \_\_\_\_\_

Open Day attended:

Family interview:

Confirmed:

Notes:

**Application for admission**

**PLEASE PRINT CLEARLY**

Year applying for:		
<b>Child's Details:</b>		
Child's surname		
Child's full names		
Child's preferred name		
Date of birth (year/month/day)		Gender
Country of birth		

**Previous Schooling:**

Primary School (if any):			
Contact number		Email	
Start date:		Finish date:	
Montessori Pre-school attended:			
Contact number		Email	
Start date:		Finish date:	
Other (if applicable):			
Contact number		Email	
Start date:		Finish date:	

**Pre-school Sessions Currently Attending (please circle)**

Monday		Tuesday		Wednesday		Thursday		Friday	
am	pm	am	pm	am	pm	am	pm	am	pm

Is your child currently on a waiting list at any other school? If yes, please state which one.

**Medical/Special Needs** (includes behavioural needs, for example ADHD, Autism, Cerebral Palsy etc)

Your child needs to be able to work independently and without major disruption to the class. If your child has any medical/special/behavioural needs which would mean this is not possible, please include below. Please include the names of any specialists or special education groups your child has been to or is in contact with at present. Failure to disclose this information or a false declaration will rule the child ineligible for admission.

If you are unsure what to include please ask the Enrolment Officer.

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**Medical/Special Needs continued...**

Any further information you would like to supply about your child?

**General:**

Where did you come to know about our school?

Reason for applying to the Montessori Primary at Huapai District School?

**Siblings**

This information is used for the future planning of the Montessori Primary Classroom at Huapai District School. Families living outside of the school's enrolment zone are allocated places within the Montessori special programme. However, as spaces are limited it is important we know in advance if you are considering the Montessori class for siblings.

<b>Full names</b>	<b>Year of Entry into Montessori at HDS</b>	<b>Date of Birth</b>	<b>Current school (if applicable)</b>

**Parent/Guardian Details (Please complete in full)**

**Please note that all major correspondence is done by email. Please ensure that we have your updated email address at all times.**

**FATHER/STEPFATHER/GUARDIAN**

Surname			
Full Names			
Preferred Name			
Home Address			
			Code
Postal Address			
			Code
Email			
Telephone Home		Work	
Mobile			
Does the child live with you? Yes/No	Are you the legal guardian of the child? Yes/No		

**MOTHER/STEPMOTHER/GUARDIAN**

Surname			
Full Names			
Preferred Name			
Home Address			
			Code
Postal Address			
			Code
Email			
Telephone Home		Work	
Cellular			
Does the child live with you? Yes/No	Are you the legal guardian of the child? Yes/No		
Any restrictions on contact between child and mother or father Yes/No (Please provide school with copies of legal documents in this regard)			

**Parent/Guardian Assistance to the Trust**

The Montessori class is administered by a charitable Trust staffed by volunteer parents. The Trust and teachers are always grateful for parents' assistance. Please indicate below whether you have skills you could offer, for example legal, marketing, art, drama, music, needlework, fund-raising, DIY, gardening, career days etc.

**Mother's name:**

**Skills:**

**Father's name:**

**Skills:**

**Photograph Permission**

We would like to make sure that everyone is happy with how we use photographs of their children. In this regard we would appreciate it if you would please indicate your preference. Photographs of the children appear in the class newsletter that gets distributed to all the parents and to Montessori Pre-schools in our area. We also have a website to distribute information about our classroom and publish some photos of the children on that website. We have a page on the MANZ website that has one or two photos of our class on it.

I hereby give permission that my child/ren's photos gets used (please mark with an X):

In the class newsletter	
On the class website	
On the MANZ website	
On the class' closed Facebook page	
Please do not use my child/ren's photos	

**Declaration**

- Information supplied on this form is true and correct.
- I/We agree to abide by all of the Board of Trustees' policies and to support Huapai District School's rules and regulations.
- I/We will support the school in maintaining high standards of work habits and behaviour.
- I/We agree to take responsibility for loss or damage to school property caused by my/our child (e.g. Montessori equipment, library books etc)

Signed ..... Date .....

(Print name below)

Signed ..... Date .....

(Print name below)

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Please include \$65 for each child you wish to enrol with your application. Cheques should be made out to the West Auckland Montessori Trust or you can pay directly to our bank account -

12-3139-0052693-00.

The application fee does not guarantee a place in the class. Please forward completed application form and fee to:

West Auckland Montessori Trust PO Box 153 Kumeu 0841 Auckland

**NB:** For additional information about enrolment policy and procedure, please refer to our website: [www.westaucklandmontessoriprimary.co.nz](http://www.westaucklandmontessoriprimary.co.nz)