

Program Request: Early Years 3–6yrs

Application for Enrolment

Student details (please complete separate forms for **each child** per family)

I am applying for enrolment in 20

Please tick if applying for: Pre-Kindy Kindy Prep

PRE-KINDY: 2 days/wk (Mon-Tue) 2 days/wk (Thu-Fri) 4 days/wk (Mon, Tue, Thu, Fri) 5 days/wk

KINDY: 3 days/wk (Mon-Wed) 3 days/wk (Wed-Fri) 5 days/wk

PREP: Prep aged children (turning 5 y.o. by 30th June that year) **MUST** attend 5 days/wk.

Student information

Student's First Name	Student's Surname
Student's Preferred Name	Gender
Date of Birth	Current Age
Current Grade	
County of Birth	Citizenship
Current Postal Address	
Postcode	Telephone

Child Care/Schooling Information

Current Child Care/School

Child Care/School

Suburb / State

Name of Director/Principal

Attended from

Attended to

Previous Child Care/School

Child Care

Suburb / State

Name of Director/Principal

Attended from

Attended to

Schooling Information Continued...

Additional Information

- Please provide reports, samples of work.
 - If the applicant is at school please provide two (2) of the student's most recent reports.
 - If the applicant is home schooled or at family day care please provide samples of work.
 - If the applicant is in child care please provide transition statements, transition to school reports.
- Please provide a letter of reference from a teacher, child care director or child care/family day care educator.

Student Medical Information

Does the student have a known disability? Yes No

Does the student have a known health issue (physical & mental health)? Yes No

Does the student have a medical condition of which the school should be aware? Yes No

If Yes to above questions, please provide details below. If No, proceed to next section.

- | | | |
|---|---|-----------------------------------|
| <input type="checkbox"/> Intellectual | <input type="checkbox"/> Social/Emotional | <input type="checkbox"/> Hearing |
| <input type="checkbox"/> Physical | <input type="checkbox"/> Vision | <input type="checkbox"/> Speech |
| <input type="checkbox"/> Allergy* | <input type="checkbox"/> Anaphylaxis | <input type="checkbox"/> Language |
| <input type="checkbox"/> Physical | <input type="checkbox"/> Diabetes Mellitus Type 1 | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Autism/Aspergers | <input type="checkbox"/> Febrile Convulsions | <input type="checkbox"/> Epilepsy |

Other (please specify) _____

*Allergy (please specify) _____

Please provide additional information if the student requires medication or has a Medical Action Plan

Please provide a brief description of condition and treatment

Additional Information

- Please provide a copy of any relevant health or medical assessment report/s.

Student Specialist Assessment

Has the student undergone any recent developmental progress support or assessment? Yes No

Has the student had any recent allied health or medical specialist assessments? Yes No

Please provide a brief description of any physical, social/emotional/mental wellbeing, and/or learning needs of the student which may impact on duty of care and/or participation in school.

Has the student been diagnosed with a disability? Yes No

If Yes, please provide details

Has the student been verified by an educational sector in Queensland (eg Department of Education and Training, Independent Schools Queensland or Catholic Education)? If so, please provide details.

If the student is from interstate or overseas, please describe the educational support provided.

Additional Information

Please provide a copy of any relevant health or medical assessment report/s.

Student Reference/Recommendation

Please provide a reference from a community member. Ideally, the community member is someone who has known the applicant for several years. The community member can be an extra-curricular activity coordinator, a tutor, a family friend, a family member, a member of the MIC community, etc.

Family Information

Parent/Guardian/Carer 1	Parent/Guardian/Carer 2
Title	Title
First Name	First Name
Surname	Surname
Relationship to Applicant	Relationship to Applicant
Mobile	Mobile
Home Phone	Home Phone
Work Phone	Work Phone
Email	Email
Current Address	Current Address
Postcode	Postcode
Postal Address (if different)	Postal Address (if different)
Postcode	Postcode
Occupation	Occupation
Company/Organisation	Company/Organisation
Address	Address

Please tick any that apply

- Parents Married and/or Living Together
- Single Parent
- Parents Separated
- Parents Divorced
- Parent 1. Deceased
- Parent 2. Deceased
- Parent 1. is remarried
- Parent 2. is remarried

Name (s) of Step parents if applicable

Student lives with: Both Parent 1 Parent 2

Other (please specify)

Siblings

Name(s)	Age	DOB	Gender: M/F
Name(s)	Age	DOB	Gender: M/F
Name(s)	Age	DOB	Gender: M/F

Parent/Guardian Recommendation

- Please provide Parent/Guardian Recommendation (attached). Please be honest and complete in your answers, and feel free to add additional comments. **We ask that both parents/guardians/carers, if possible, complete independent recommendations.**

Application for enrolment checklist

Please use the list below to assist you in submitting a complete 'Application for Enrolment'. When all of the below documents have been submitted/completed and received by the College, your Application for Enrolment will be complete.

- Please provide reports, samples of work.
 - If the applicant is at school please provide two (2) of the student's most recent reports.
 - If the applicant is home schooled or at family day care please provide samples of work.
 - If the applicant is in child care please provide transition statements, transition to school reports.
- Letter of reference from a teacher, child care director or child care/family day care educator.
- Copies of medical reports.
- Copies of specialist reports.
- Copies of Medical Action Plans.
- Copies of educational support reports.
- Letter of reference from a community member.
- Parent/Guardian recommendation, one form for each parent.
- A non-refundable \$200 application fee per family is required at the time of submission (payment options outlined below). Note: Application for Enrolment forms must be completed for each sibling and submitted as one transaction. If younger siblings apply for enrolment at a later stage the \$200 administration fee will once again apply.
- Please ensure this 6 page Application for Enrolment document is completed and signed.

Following receipt of a complete Application for Enrolment form (as per the above requirements), the College will email a letter of confirmation asking you to do one of the following things: **a) attend a Classroom Observation, b) notify you of being placed on the applicant waiting list, c) request additional recommendations or other information, d) send notice that the applicant has not been accepted.**

MIC Application Process

The Application Process for entry into MIC includes, but is not limited to, the review and analysis of each of the below requirements. Each requirement is considered an individual part of the Application Process. Once the Enrolment Committee has reviewed each of these requirements and they are sure that there is a place available for your child an Offer of Place letter and Contract of Enrolment will be sent out. Please note, an Offer of Place letter cannot be sent out until all of the below requirements have been met, however, if the College is unable to offer a place for your child you can be notified in writing at any stage of the Application Process.

College tour → Application for Enrolment → Observation → Meeting with Assistant Principal (when place available) → Enrolment Committee Meeting → Notice in Writing

Failure to disclose the full extent of your child's needs and providing all relevant documentation may result in the College's inability to accommodate their individual needs and may result in the termination of their enrolment.

I/We hereby attest that the information contained in this application is true and accurate to the best of my/our knowledge. I/We further acknowledge that the submission of this application permits Montessori International College to review transcripts, test scores, evaluations, assessments and recommendations about the applicant in the determination of admission. I/We acknowledge that failure to disclose information can result in the cancellation of enrolment.

Student's Name

Parent/Guardian/Carer 1 Name (please print)

Signature

Date

Parent/Guardian/Carer 2 Name (please print)

Signature

Date

This form is to be completed and forwarded to

Enrolments Coordinator

Montessori International College
880 Maroochydore Road, Forest Glen QLD 4556 Australia

Ph: +61 7 5442 3807
enrolments@mic.qld.edu.au

Payments can be made via

Credit card

To pay via MasterCard or VISA.

1% fee charged for Credit Card Payments.
Please provide your credit card number below.

Name on card

Card Number

Expiry date

CCV

Electronic Funds Transfer

Bank Name: Westpac Bank

Account Name:

Montessori International College

BSB: 034 198

Account No. 530490

Reference: Family Name, First Name

Mail

Mail your cheque to:

Montessori International College

PO Box 7309

Sippy Downs QLD 4556

Eftpos or Cash

pay by person at:

880 Maroochydore Road (Stark Lane)

Forest Glen

Direct Debit

Please contact the office to arrange a direct debit.

Early Years 3–6yrs

Parent/Guardian Recommendation

Applicant's Name

Thank you for taking the time to complete this evaluation. Please be honest and complete in your answers, and feel free to add additional comments on a separate piece of paper if required. **We ask that both parents, if possible, complete independent recommendations.**

How would you characterise your child's personality and interests?

In what areas would you like to see your child develop?

What is your child's interest and level of comfort in the natural environment?

How does your child behave under limited adult supervision? Without direct adult supervision?

Early Years 3–6yrs

Parent/Guardian Recommendation

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Privacy Notice

Date of implementation: August 2018 Date to be reviewed: August 2021

In accordance with requirements of the Commonwealth Privacy Act 1998, as amended, and the Privacy, (Notifiable Breaches) Act 2017 the college/College is bound by the thirteen (13) Australian Privacy Principles under the compliance authority of the Office of the Information Commissioner and set out in the Act – see www.privacy.gov.au. Accordingly, all personal, sensitive and health data/information of parents/guardians, students, and relevant others including prospective employees **are private**. The College will use the information collected and recorded to fulfil both legal requirements and the educational mission of Montessori International College.

The College collects personal, including sensitive, information about students, their parents/guardians and relevant others for the primary purpose of the College fulfilling its educational services under law to the students and to parents/guardians seeking an education for their students within the Objects and Ethos of this College. THE COLLECTION AND MANAGEMENT OF INFORMATION IS TRANSPARENT AND CONSISTENT. Information is collected through filling out of application forms, face to face interviews and at times third party reports, with consent.

The College will also exercise its right to access the credit history of parents/guardians under law by consent.

Some of the information the College collects is to enable the College to discharge its duty of care and legislative obligations.

Any unsolicited information received by the College will be destroyed unless legal obligations require otherwise.

Full and frank disclosure of information requested is necessary for the provision of services to students and to establish a binding contractual relationship between the parties. Please note that:

- a) If the College does not obtain the information referred to above, the Application Process will not proceed.
- b) Health Information about students is sensitive information within the terms of the Privacy Principles under the Privacy Act. The College needs this information for the purpose of making any adjustments as required under law and to fulfil its duty of care.
- c) Information sought will include reports from third parties re medical and other treating professionals and Court Orders.

The College will not disclose personal information to third parties for marketing purposes without specific consent.

The College may include contact details in a class list (examples: for Parent Support Groups and College Directory).

The College from time to time may otherwise need to disclose personal, sensitive or credit information to others for legal administrative, safety, health and education purposes. This includes to the Privacy Information Commissioner, the Non-State Colleges Accreditation Board, the Queensland College of Teachers, other Colleges, government departments, state authorities, medical practitioners and people providing services to the College, including specialist visiting teachers, sports coaches and volunteers.

Personal information such as academic and sporting achievements, news and images is published to the College community by way of College Newsletters, magazines, in multimedia presentations and on our website. Identification and photographs/film footage may be published, for example in the P & F section of the website and magazine.

The College will send information about a student overseas (student transfer or study exchange) only with consent of the parents/guardians and following enquiry that security measures are in place for reception.

The College will take reasonable steps to keep personal information accurate/up-to-date and complete. Parents/guardians are relied upon to assist the College in keeping information accurate and up to date.

The College will take reasonable steps to secure and protect all information held from misuse, interference, loss, unauthorised access, modification or disclosure. The College will respond promptly to security breaches, notifying those affected, as appropriate, and in compliance with mandatory reporting/notification of eligible data breaches to the Office of the Australian Information Commissioner.

Parents/guardians have a right to make a written complaint **internally** to the Principal/Head of College if they consider these Privacy Principles have been breached or **externally** to the Office of the Australian Information Commissioner. The College's Privacy Policy outlines the process available to those parties who wish to bring a complaint alleging a breach of privacy by the College. It is readily available on the College Website or by request.

Information held by the College will be either de-identified or destroyed after 5 years.

Parents/guardians may seek access to personal information collected about them and their students by contacting the College. Adult students may also seek access to personal information about themselves. However, there will be occasions when access is denied. Such occasions would include where access would have an unreasonable impact on the privacy, health and safety of others, where access may result in a breach of the College's duty of care to a student or where access is denied by law.