

Program Request: Adolescent Community

Application for Enrolment

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

I am applying for enrolment in 20 _____

Year level _____

LUI (if Year 10-12) _____

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 |

Schooling Information

Current School

School Name _____

Suburb / State _____

Name of Principal _____

Year Level(s) _____

Attended from _____

Attended to _____

Previous School

School Name _____

Suburb / State _____

Name of Principal _____

Year Level(s) _____

Attended from _____

Attended to _____

Schooling Information Continued...

Additional Information

- Please provide two (2) of the student's most recent reports.
 - School – state, private, independent.
 - Distance Ed – report.
 - Home Ed – work samples.
- Please provide copies of the student's NAPLAN results (Grade's 3, 5, 7, 9 where applicable).
- Please provide Principal/Teacher recommendation (Section A attached).

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

If Yes to either question, please provide details below. If No, proceed to next section.

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Paediatrician | <input type="checkbox"/> Speech Pathologist | <input type="checkbox"/> Psychologist |
| <input type="checkbox"/> Orthopaedic | <input type="checkbox"/> Behavioural Psychologist | <input type="checkbox"/> Other |
| <input type="checkbox"/> Physiotherapist | <input type="checkbox"/> Occupational Therapist | |

Other (please specify)

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 Educational Support Information

Does the student have any educational support requirements? Yes No

Does the student currently receive educational support? 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 educational support assessment report/s

Student Reference/Recommendation

- Please provide Community Member Recommendation (Section B attached). Ideally, the community member who completes this form is someone who has known the student for several years. The community member can be a teacher (other than the ones who have completed Section A), an extra-curricular activity coordinator, a tutor, a local community member who the student is involved with, a member of the MIC community, an employer etc.

Student Questions

- For the student to answer and complete (Section C attached). There is no length requirement, however, please answer all parts of the questions fully. We request the student does not receive assistance from anyone in answering these questions, as the interest is in their personal perspective when answering.

Student Transcript Request

- Please complete and return Student Transcript Request (Section E attached).

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 (Section D attached). Please be honest and complete in your answers, and feel free to add additional comments. **We ask that both parents, 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.

- Copies of two recent reports.
 - School – state, private, independent.
 - Distance Ed – report.
 - Home Ed – work samples.
- NAPLAN results. (Grade's 3, 5, 7, 9 where applicable).
- Principal/Teacher recommendations (Section A).
- Copies of medical reports.
- Copies of specialist reports.
- Copies of Medical Action Plans.
- Copies of educational support reports.
- Community Member recommendation (Section B).
- Student Questions (Section C).
- Parent/Guardian recommendation (Section D). One form for each parent/guardian/carer.
- Student Transcript Request (Section E).
- 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) notify you of being placed on the applicant waiting list, b) request additional recommendations or other information, c) organise a meeting with the Assistant Principal, d) send notice that the applicant has not been accepted.**

Montessori International College Application Process

The Application Process for entry into Montessori International College 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 → Meeting with Assistant Principal (when place available) → Pre-placement Visits → Enrolment Committee Review → 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 MIC 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

Mail

Mail your cheque to:
Montessori International College
PO Box 7309
Sippy Downs QLD 4556

Electronic Funds Transfer

Bank Name: Westpac Bank
Account Name:
Montessori International College
BSB: 034 198
Account No. 530490
Reference: Family Name, First Name

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.

Section A

Principal / Teacher Recommendation

Applicant's Name _____ Applying for Year _____

The applicant named above is applying for admission to the Adolescent Community at MIC. The community is a unique opportunity for study and work. Thank you for taking the time to complete this evaluation. Your answers to the following questions will help us evaluate the likelihood that the applicant's experience will be positive. Please be honest and complete in your answers.

Teacher's Name _____

For how long and in what capacity have you known the applicant? _____

Please rate the applicant on the following qualities and attributes

| 5 is the highest level and 1 is the lowest | 5 | 4 | 3 | 2 | 1 |
|---|---|---|---|---|---|
| Curiosity | | | | | |
| Ability to learn and understand new information | | | | | |
| Creativity | | | | | |
| Critical thinking | | | | | |
| Communication | | | | | |
| Integrity and honesty | | | | | |
| Open-mindedness | | | | | |
| Caring | | | | | |
| Self reflective | | | | | |
| Balanced | | | | | |
| Responsibility | | | | | |
| Independence | | | | | |
| Collaboration | | | | | |
| Organisation | | | | | |
| Initiative | | | | | |
| Self Regulation | | | | | |

Describe the applicant's academic achievement in relation to ability

Describe the applicant's emotional maturity in relation to his or her peers

Describe the applicant's character and sense of responsibility

Describe any notable behavioural issues you have encountered with the applicant in the past two years

Anything else you would like us to know about this applicant?

With regard to academic ability

Recommended with enthusiasm Recommended Recommended with reservation

With regard to character

Recommended with enthusiasm Recommended Recommended with reservation

Overall recommendation

Recommended with enthusiasm Recommended Recommended with reservation

Evaluator's Name

Title

School Name

Mailing Address

Telephone

Signature

Date

Thank you for completing this evaluation.

Your comments are important in helping us gain a better understanding of the applicant. If you have any questions about this form, or about Montessori International College, please feel free to contact the College. Please return this completed form to Montessori International College.

Section B

Community Member Recommendation

Applicant's Name _____ Applying for Year _____

The applicant named above is applying for admission to the Adolescent Community at MIC. The community is a unique opportunity for study and work. Thank you for taking the time to complete this evaluation. Please be honest and complete in your answers.

Name of Community Member _____

For how long and in what capacity have you known the applicant? _____

Please rate the applicant on the following qualities and attributes

| <i>5 is the highest level and 1 is the lowest</i> | 5 | 4 | 3 | 2 | 1 |
|---|---|---|---|---|---|
| Curiosity | | | | | |
| Ability to learn and understand new information | | | | | |
| Creativity | | | | | |
| Critical thinking | | | | | |
| Communication | | | | | |
| Integrity and honesty | | | | | |
| Open-mindedness | | | | | |
| Caring | | | | | |
| Self reflective | | | | | |
| Balanced | | | | | |
| Responsibility | | | | | |
| Independence | | | | | |
| Collaboration | | | | | |
| Organisation | | | | | |
| Initiative | | | | | |
| Self Regulation | | | | | |

Describe the applicant's abilities in the context in which you know him/her?

Describe the applicant's emotional maturity in relation to his or her peers

Describe the applicant's character and sense of responsibility

Anything else you would like us to know about this applicant?

With regard to academic ability

Recommended with enthusiasm Recommended with reservation

With regard to character

Recommended with enthusiasm Recommended with reservation

Overall recommendation

Recommended with enthusiasm Recommended with reservation

Evaluator's Name _____ Title _____

School Name _____

Mailing Address _____

Telephone _____

Signature _____ Date _____

Thank you for completing this evaluation.

Your comments are important in helping us gain a better understanding of the applicant. If you have any questions about this form, or about Montessori International College, please feel free to contact the College. Please return this completed form to Montessori International College.

Section C

Student Questions and Essay

Applicant's Name _____

Applying for Year _____

Please answer the following short-answer questions in the space provided below. For the essay question, please also write on the paper provided. There is no length requirement, but please answer all parts of the questions fully. **Please do not seek assistance from anyone when answering these questions, as we are interested in your perspective.**

What do you love to do? List your passions, interests and activities you are involved in (this may include academic, artistic, athletic or leadership positions).

What responsibilities have you assumed at home, at school and in the community?

What are your strengths?

What do you find challenging?

What qualities do you think are important for being successful at school and in other areas of life? Why?

Self evaluation and reflection

Name _____

Students reflecting on the development of learning skills and work habits needed to succeed in school and in life is an important part of our program. Please rate yourself on each of the following:

Responsibility

| As a responsible learner | A | O | G | S | WS |
|---|---|---|---|---|----|
| I fulfil commitments in my learning environment | | | | | |
| I complete and submit class work, homework, and assignments on time | | | | | |
| I appropriately manage my behaviour | | | | | |

A=Always, O=Often, G=Generally, S=Sometimes, WS=With support

Independent work

| As an independent learner | A | O | G | S | WS |
|--|---|---|---|---|----|
| I monitor, assess, and revise plans to complete tasks and meet goals | | | | | |
| I use class time appropriately to complete tasks | | | | | |
| I follow instructions with minimal supervision | | | | | |

A=Always, O=Often, G=Generally, S=Sometimes, WS=With support

| As a collaborative learner | A | O | G | S | WS |
|--|---|---|---|---|----|
| I accept various roles and an equitable share of the work within a group | | | | | |
| I respond positively to the ideas, opinions, values and traditions of others | | | | | |
| I build healthy peer relationships | | | | | |
| I work with others to resolve conflicts and achieve group goals | | | | | |
| I share information, resources and my expertise to solve problems and make decisions | | | | | |

A=Always, O=Often, G=Generally, S=Sometimes, WS=With support

Organisation

| As an organised learner | A | O | G | S | WS |
|--|---|---|---|---|----|
| I create and follow a plan to complete work and tasks | | | | | |
| I establish priorities and manage my time to achieve goals | | | | | |
| I gather, evaluate and use information, technology and resources to complete tasks | | | | | |

A=Always, O=Often, G=Generally, S=Sometimes, WS=With support

Initiative

| As a learner who displays initiative | A | O | G | S | WS |
|--|---|---|---|---|----|
| I act upon new ideas and opportunities for learning | | | | | |
| I demonstrate a willingness to take risks | | | | | |
| I demonstrate curiosity and an interest in learning | | | | | |
| I approach new tasks with a positive attitude | | | | | |
| I recognise and advocate appropriately for the rights of others and myself | | | | | |

A=Always, O=Often, G=Generally, S=Sometimes, WS=With support

Self-regulation

| As a self-regulating learner | A | O | G | S | WS |
|--|---|---|---|---|----|
| I set goals and monitor my progress towards achieving them | | | | | |
| I seek assistance when needed | | | | | |
| I assess and reflect critically on my strengths, needs and interests | | | | | |
| I identify learning opportunities and strategies to meet and achieve goals | | | | | |
| I persevere when facing challenges | | | | | |

A=Always, O=Often, G=Generally, S=Sometimes, WS=With support

What are your individual goals for self-improvement?

Adolescence is a time for envisioning the future. What are your goals and dreams for the future?

Please complete the following topic

Essay topic: Explain why you are applying for a position at MIC.

What do you hope to gain from attending this school and what can you contribute to our school community?

Below are some writing scaffolds you may wish to use to assist you to write your essay. The first helps with the basic structure of an essay. The second assists with how to structure your body paragraphs.

| | |
|---|--|
| An introduction may include | <ul style="list-style-type: none"> • brief background and/or current situation, including differing opinions on the topic • definition of key term (if necessary) • outline / main aim of the essay • writer's position |
| The main body consists of a number of paragraphs each of which may include | <ul style="list-style-type: none"> • a topic sentence clearly stating the main argument / point of that paragraph • development of the key arguments or points, showing different viewpoints • reference to sources, statistics and data to support the writer's view • a concluding sentence (but this is not always necessary) |
| The conclusion may include | <ul style="list-style-type: none"> • summary of the essay's key points • statement clarifying the author's general conclusion and why it is significant, referring back to the essay question • wider implications and future action |

Your paragraph should always include

Point **Make your point**

Evidence **Back it up:
Support your point with evidence and examples**

Explanation **Explain how the evidence supports your point**

Link **Link this point to the next point in the following paragraph**

Section D

Parent / Guardian Recommendation

Applicant's Name _____ Applying for Year _____

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.**

Completed by (please tick): Parent 1 Parent 2 Guardian

Name _____

Signature _____ Date _____

Please rate the applicant on the following qualities and attributes

| 5 is the highest level and 1 is the lowest | 5 | 4 | 3 | 2 | 1 |
|---|---|---|---|---|---|
| Curiosity | | | | | |
| Ability to learn and understand new information | | | | | |
| Creativity | | | | | |
| Critical thinking | | | | | |
| Communication | | | | | |
| Integrity and honesty | | | | | |
| Open-mindedness | | | | | |
| Caring | | | | | |
| Self reflective | | | | | |
| Balanced | | | | | |
| Responsibility | | | | | |
| Independence | | | | | |
| Collaboration | | | | | |
| Organisation | | | | | |
| Initiative | | | | | |
| Self Regulation | | | | | |

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

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?

What significant issues has your child faced in his/her life?

Are there special needs which we need to be aware of?

Has your child ever been away from home? Describe the duration and adjustment in detail.

Please share with us anything else you would like us to know about your child.

Section D

Parent / Guardian Recommendation

Applicant's Name _____ Applying for Year _____

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.**

Completed by (please tick): Parent 1 Parent 2 Guardian

Name _____

Signature _____ Date _____

Please rate the applicant on the following qualities and attributes

| 5 is the highest level and 1 is the lowest | 5 | 4 | 3 | 2 | 1 |
|---|---|---|---|---|---|
| Curiosity | | | | | |
| Ability to learn and understand new information | | | | | |
| Creativity | | | | | |
| Critical thinking | | | | | |
| Communication | | | | | |
| Integrity and honesty | | | | | |
| Open-mindedness | | | | | |
| Caring | | | | | |
| Self reflective | | | | | |
| Balanced | | | | | |
| Responsibility | | | | | |
| Independence | | | | | |
| Collaboration | | | | | |
| Organisation | | | | | |
| Initiative | | | | | |
| Self Regulation | | | | | |

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

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?

What significant issues has your child faced in his/her life?

Are there special needs which we need to be aware of?

Has your child ever been away from home? Describe the duration and adjustment in detail.

Please share with us anything else you would like us to know about your child

Section E

Transcript Release Authorisation

Application Enrolment for (Name) _____

Applying for Grade _____

I/We authorise the release of transcripts of my/our child's academic record, including grades, progress reports, credits earned, standardised test scores, attendance and disciplinary records, health forms, current Individual Education Plans, psychological reports and guidance evaluations to Montessori International College.

Child's Name _____

Signature _____

Date _____

Parent/Guardian 1 Name _____

Signature _____

Date _____

Parent/Guardian 2 Name _____

Signature _____

Date _____

With this authorisation I/we acknowledge that Montessori International College can contact the below listed Principal and school to release an official school transcript for the above mentioned applicant including: explanation of the grading system, progress reports, standardised test scores, health forms, current Individual Education Plans, psychological reports and school profile (where applicable).

Principal's Name _____

Title _____

School Name _____

Mailing Address _____

Telephone _____

Date of Student's Enrolment _____

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.