



# Treetops Montessori School

A different approach for Primary and Secondary education from Pre-Kindergarten to Year 12

12 Beenong Road (PO Box 59)  
DARLINGTON WA 6070

office@treetops.wa.edu.au  
www.treetops.wa.edu.au

(08) 9299 6725

## Application for Enrolment

Please fill out this form in BLUE or BLACK pen only. **Please ensure this document is completed in its entirety.** Families must disclose ALL required and relevant information in full detail in order for the school to consider their application and to be able to provide the best education for their child.

Incomplete forms or missing documentation may result in a deferment of this application.

STUDENT DETAILS			
Student's Name (in full):			
Date of Birth:	/ /	Gender:	
<i>Please attach a copy of your child's Birth Certificate</i>			
Residential Address:			
Does the student live at a second address regularly through the school term? If yes, please provide this address:			
Secondary Address:			
Are there any custody orders or other legal requirements in place for this student? <i>If yes, a copy of these documents must be attached with this application.</i>			Y/N
Country of Birth:		Country of Citizenship:	
Was the student born in Australia?	Y/N	<i>If no, a copy of the student's passport, visa, or citizenship documents must be attached with this application.</i>	
If the student was born in Australia, were both parents born overseas?	Y/N	<i>If yes, proof of the student's Australian Citizenship must be attached with this application (see end).</i>	
Is the student an Australian citizen?	Y/N	<i>If no, a copy of the student's passport, visa, or citizenship documents must be attached with this application (see end).</i>	
Is the student a resident in Australia on a visa?	Y/N	Visa Number:	
Main Language Spoken at Home:			
Does the student identify as Aboriginal or Torres Strait Islander?:			
Current or Previous School:			
Current Grade Level:			

REQUESTED ENROLMENT				
Year of Prospective Enrolment:			Grade of Prospective Enrolment:	
Preferred Term of Enrolment:	Term 1	Term 2	Term 3	Term 4

PARENT / GUARDIAN (1) DETAILS			
<b>Parent/Guardian (1) Name</b>			
Relationship to Student:			
Residential Address:			
Postal Address:			
Contact Phone Number:			
Email Address:			
Parent/Guardian's Country of Birth *		Parent/Guardian's Country of Citizenship *	
Main Language Spoken at Home*			
Occupation:			
Parent/Guardian's Highest Level of Secondary Education*			
Parent/Guardian's Highest Tertiary Qualification *			

PARENT / GUARDIAN (2) DETAILS			
<b>Parent/Guardian (2) Name</b>			
Relationship to Student:			
Residential Address:			
Postal Address:			
Contact Phone Number:			
Email Address:			
Parent/Guardian's Country of Birth *		Parent/Guardian's Country of Citizenship *	
Main Language Spoken at Home*			
Occupation:			
Parent/Guardian's Highest Level of Secondary Education*			
Parent/Guardian's Highest Tertiary Qualification *			

*\*Parents, carers and guardians of all Year K – 12 students in Australia are asked to provide information on their family background as part of a national initiative towards providing an education system that is fair to all students regardless of their background. The required information includes the residency status, indigenous status, and language background of the student, and the education and occupation background of the parent/guardians.*

SIBLINGS			
Name:	Gender:	Date of Birth:	School (if applicable):

## STUDENT HEALTH, MEDICAL, & EDUCATIONAL INFORMATION

**Please attach any and all documentation relating to the information below to this application.**

Is your child fully vaccinated according to the WA Department of Health's Immunisation Schedule? **Y/N**

Please provide a current Australian Immunisation Register (AIR) Immunisation History Statement (IHS) (not more than 2 months old), or a valid immunisation certificate issued or declared by the Chief Health Officer. **Note:** Students can only be enrolled into Pre-Kindergarten or Kindergarten if their immunisation status is 'up to date' as described in their IHS or if they satisfy alternative criteria.

**Please provide your child's Medicare Number:** \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ ( \_\_\_\_ )

Are there any specific medical conditions/information relevant to the school? **Y/N**

**If yes, please provide details:** \_\_\_\_\_

\_\_\_\_\_  
*Please attach any relevant documentation*

Are there any specific psychological conditions/information relevant to the school? **Y/N**

**If yes, please provide details:** \_\_\_\_\_

\_\_\_\_\_  
*Please attach any relevant documentation*

Does your child have any specific difficulties (sensory/visual/hearing/communication, mental health issues, behavioural difficulties, or learning disabilities etc.)? **Y/N**

**If yes, please provide details/information:** \_\_\_\_\_

\_\_\_\_\_  
*Please attach any relevant documentation*

Does your child have any allergies including drug, insect, food, or other allergy? **Y/N**

**If yes, please provide details:** \_\_\_\_\_

\_\_\_\_\_  
*Please attach a copy of your doctor's health plan in regard to this allergy*

Does your child need to take any prescribed medications at school? **Y/N**

**If yes, please provide details:** \_\_\_\_\_

Are there any other needs (e.g. religious) that are relevant for the school to be aware of? **Y/N**

**If yes, please provide details:** \_\_\_\_\_

\_\_\_\_\_  
*Please attach any relevant documentation*

Please list existing levels of school adjustments or accommodations that are currently being made for your child in relation to specific needs: \_\_\_\_\_

\_\_\_\_\_  
*Please attach any relevant documentation*

Has your child been involved in remedial education or gifted and talented programs? **Y/N**

Did your child have any behaviour issues at their previous school (if applicable)? **Y/N**

Has your child ever been suspended or had their enrolment terminated at a school? **Y/N**

Is there any other information regarding your child that you think the school should know (e.g. particular academic concerns, emotional challenges etc.)? **Y/N**

**If yes, please provide details/information:** \_\_\_\_\_

\_\_\_\_\_  
*Please attach any relevant documentation*

Do we have permission to contact your child's previous school regarding this application? **Y/N**

**If no, please provide a reason:** \_\_\_\_\_

**PRIVACY:** please see the school's Privacy Policy, which is available on the school website.

**ENROLMENT POLICY AND PRIORITIES:**

It is Treetops' intention to create a successful and nurturing learning environment. To do this, it is essential that the school and family are compatible. Please read the school's Enrolment Policies and Priorities document, which is available on the school website. Treetops' enrolment practices comply with the *School Education Act 1999*, the *Public Health Act 2016 (WA)*, the *Disability Discrimination Act 1992*, and the *Disability Standards for Education 2005*.

**DECLARATION (Both parents/legal guardians are required to sign the declaration below wherever possible):**

I/We the undersigned, being the parent/guardian of the above child, hereby apply for their enrolment at Treetops Montessori School. We have read and understand the relevant policies in regards to enrolment available on the school website. We attach with this application for enrolment:

- a copy of our child's Birth Certificate;
- copies of any custody orders or other legal requirements (*if applicable*) e.g.: Residency Orders, Parent Responsibility Orders, Contact Orders, Parenting Plans, or other Court Orders;
- proof of residency/citizenship (*if applicable*);
  - Students born overseas:
    - copies of the student's passport, visa, or citizenship documents
  - Students born in Australia to parents who were both born overseas:
    - student's Australian Passport or Australian Citizenship Certificate; or
    - one parent's Australian Citizenship Certificate granted prior to child's birth; or
    - one parent's Australian Passport granted prior to child's birth; or
    - one parent's Permanent Residency visa granted prior to child's birth.
- a current Australian Immunisation Register (AIR) Immunisation History Statement (IHS) (not more than 2 months old);
- a copy of the Medicare Card showing our child's Medicare number;
- two (2) most recent school reports;
- NAPLAN results (if available)
- any other supporting documents/reports as relevant (*e.g. psychologist report, speech pathologist report, occupational therapist report, vision and hearing plans, allergy/health plans, specialist education reports, previous educational plans etc.*);
- payment of the Application Fee (non-refundable).

We understand that without the requested documentation and payment of the Application Fee, our child's application may be deferred. We understand that completion of this form does not guarantee an offer of place at the school. We understand that we will both be jointly and severally responsible for payment of any and all fees for our child, of whom we are the parent or legal guardian, and in accordance with the current Payment of School Fees Policy.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Join our mailing list to receive the latest Treetops news and updates.  **Y**  **N**

Please return this Application Form, along with the Application Fee and supporting documentation, to:

**The Principal**  
**Treetops Montessori and International Baccalaureate School**  
**12 Beenong Road, DARLINGTON WA 6070**  
**PO Box 59, DARLINGTON WA 6070**  
**or [office@treetops.wa.edu.au](mailto:office@treetops.wa.edu.au)**

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OFFICE USE ONLY:

Application Fee:

Enrolment Fee:

Acceptance of Conditions of Enrolment: