



**Mahurangi  
Montessori  
Primary  
Trust**

**Enrolment Application Form  
Montessori Unit at Matakana Primary School**

**STUDENT DETAILS**

**Student's Name:** \_\_\_\_\_  
First names Family name

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
dd mm yy

**Gender:** Female / Male

**Place of Birth:** \_\_\_\_\_

**Ethnic Details**

*The Ministry of Education requires schools to provide information in statistical returns:*

NZ Pakeha: \_\_\_\_\_ NZ Maori: \_\_\_\_\_ Asian: \_\_\_\_\_ European: \_\_\_\_\_

Cook Island: \_\_\_\_\_ Samoan: \_\_\_\_\_ Fijian: \_\_\_\_\_ Tongan: \_\_\_\_\_

Niuean: \_\_\_\_\_ Tokelauan: \_\_\_\_\_ Other (please specify): \_\_\_\_\_

**PRESCHOOL EDUCATION**

**Montessori Preschool:** \_\_\_\_\_

**Date commenced:** \_\_\_\_/\_\_\_\_ **Completion Date:** \_\_\_\_/\_\_\_\_  
mm yy mm yy

**Age at completion:** \_\_\_\_\_

**Weekly preschool sessions currently attended, or (if finished) attended in final year:**

(please tick)

Mon	Tues	Wed	Thurs	Fri
am	am	am	am	am
pm	pm	pm	pm	pm

**Additional preschool experience :** \_\_\_\_\_

\_\_\_\_\_



**STUDENTS HEALTH**

Describe your child's general health: \_\_\_\_\_

\_\_\_\_\_

Does your child have any physical limitations or allergies which would limit his / her participation in the full range of school activities? If so, describe them briefly: \_\_\_\_\_

\_\_\_\_\_

Has your child ever suffered any serious illness, injury or hospitalisation? \_\_\_\_\_

\_\_\_\_\_

Is your child currently receiving any medication? If so, please list: \_\_\_\_\_

\_\_\_\_\_

**TESTS**

Has your child had any specialised test or evaluation? If so, please list:

Test / Evaluation:	Administered by:	Date:
_____	_____	____/____
		mm yy

Test / Evaluation:	Administered by:	Date:
_____	_____	____/____
		mm yy

Test / Evaluation:	Administered by:	Date:
_____	_____	____/____
		mm yy

**DOCTOR'S DETAILS**

**Doctor's name:** \_\_\_\_\_

**Telephone number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**PARENT / GUARDIAN / CAREGIVER DETAILS**

**Names:**

**Relationship to student:**

**Occupation:**

**Contact Telephone Numbers:**

home:

home:

work:

work:

mobile:

mobile:

**Home Address:**

(if different)

**Mailing Address:**  
(if different from above)

**Email Address:**

**PARENT / GUARDIAN / CAREGIVER ASSISTANCE TO THE TRUST**

The Montessori Unit is run 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 or time you could offer and whether you would help in any of the ways listed.

**Skills:**

(eg accountancy, legal, publishing, music, art, foreign languages, cooking, gardening, etc)

Mum:

Dad:

**I can help with:** (please tick)

Fundraising

Fundraising

Working bees

Working bees

Administrative tasks

Administrative tasks

Other:

Other:

I do not expect to be able to help

I do not expect to be able to help

## EMERGENCY CONTACTS

*In case neither parent / guardian / caregiver listed above can be contacted by telephone in the event of an emergency, please nominate **two** other contact persons.*

**Name:**

---

**Relationship to Child:**

(eg Aunt, Grandparent, family friend)

---

**Address:**

---

---

**Contact Telephone Numbers:**

Home:

---

Work:

---

Mobile:

---

Email:

---

## PERMISSION FOR PHOTOGRAPHS AND FILM

From time to time children may be photographed or filmed at Matakana Primary School and these materials may be used for publicity (eg newsletters, yearbook) and / or promotion of the Montessori Unit or Matakana Primary School.

Please delete as appropriate:

I DO / DO NOT give permission for my child to appear in photographs or films taken by representatives of the Trust or of Matakana Primary School.

I DO / DO NOT give permission for photographs or films of my child to appear in publicity or promotional material for the Montessori Unit or Matakana Primary School.

**PERMISSION TO PUBLISH PERSONAL DETAILS**

The Trust circulates a contact list solely among parents of the Montessori Unit in order to help facilitate out-of-hours socialising, car-pooling etc. The information published includes parents' / guardians' / caregivers' name, home address, phone numbers, name of child and email address.

Please delete as appropriate:

I DO / DO NOT give permission to the Trust to circulate our family contact details on a class contact list to other families in the class.

**ADDITIONAL INFORMATION**

**Is anyone denied access to your child?**

Yes / No

*If Yes, please contact the School Principal (and class Director / Directress) to discuss details in confidence. In the case of legal separation of parents / guardians where one parent / guardian is denied access to the child, the school must have a copy of the Non-Access Order.*

**DECLARATION**

1. Information supplied on this form is true and correct. We / I have read, understand and agree to abide by the enrolment conditions as laid out in the 'Contract for Services' and we / I agree to pay the donations as laid out therein.
2. In case of sickness or accident and the school is unable to contact parents / guardians / caregivers or nominated emergency contacts, we / I give authority for medical assistance to be sought or given to my child. We / I give authority to the Principal to act on or behalf in any medical emergency.
3. We / I agree to abide by all Board of Trustee policies, and support the school's rules and regulations. We / I support the school in maintaining high standards of work habits and good behaviour. We / I agree to take responsibility for loss or damage to school property caused by our / my child (eg, textbooks, Montessori equipment, library books, sports equipment).
4. In terms of the Privacy Act, we / I understand that the personal information provided in this application forms part of the essential information for MMPT Trust and Matakana Primary School management purposes and for appropriate statistical returns. Those named will have access to and correction of the recorded information held by the school. We / I approve of my child's education records being passed to subsequent schools.
5. I further approve the forwarding of my child's name and address to a potential intermediate school, upon that school's request.

**Signed:** ..... **Date:** .....

Please print name: .....

**Signed:** ..... **Date:** .....

Please print name: .....