



New Student Application Form

Date of Application:

Session / School Year:

Classroom:

Current School and Grade (if applicable):

*If your child is attending another preschool,
please submit a copy of their progress reports.*

Child's Photo

Child's Personal Information

Child's Full Name:

First Name

Middle Name

Last Name

Nickname:

What name would you like us to use?

Birthdate:

Current Age:

Birth Place:

Gender:

Nationality:

Dominant Language:

Religion:

Home Address:





Siblings:

Name	Gender	Date of Birth
------	--------	---------------

Other members of the family / household involved in caring for the child:

Name	Relationship to the Child
------	---------------------------

Emergency Contact Persons:

Name	Relationship to the Child	Contact Number
------	---------------------------	----------------

In the emergency need to contact professional medical care, please write down your child's physician and preferred hospital.

In case of absolute emergency, your child may be taken to the nearest hospital. Any medical care fee will be shouldered by the parent / guardian.

Physician	Contact Number	Hospital Name and Address
-----------	----------------	---------------------------





Child's Health Record

Allergies:

Medication:

If your child is taking medication for the allergies above, or any medication taken regularly, please list them down with its dosage.

In case your child needs to take medication while in the middle of the class, the parent / guardian may coordinate with the teachers for the parents or an authorized person to administer the medication to their child.

Has your child been hospitalized?

Yes

No

Details of hospitalization:

Does your child have any of the illnesses listed below?

Tuberculosis

Asthma

Meningitis

Hepatitis A

Epilepsy

Chronic Ear Infection

Hepatitis B

Heart Problems

Diabetes

Urinary Tract Infection

Fabril Convulsion

Eczema/ Rashes

Other:

Do you have other concern/s regarding your child's health, or any visual, auditory, or motor skills problem?





Education History

Schools Attended

School Year and Grade

Reason for Transfer

Has your child participated or enrolled in any of the following classes?

Art (specify)

Musical Instrument (specify)

Other

Dance (specify)

Voice

Details:

Sports (specify)

Theatre

Cooking / Baking

Swimming

Educational Placement for Children with Special Needs

Does your child have any special needs, developmental or learning challenges?
Is it a clinically diagnosed condition?

Yes

No

If answered yes, please provide further details below, and submit records of your child's evaluation to the school.

Diagnosis

Date of Evaluation

Administered by

Has your child availed of any special education service (occupational therapy, physical therapy, speech therapy, etc.)?

Yes

No

Special Education Service

Year Attended

Frequency / Duration

Therapy Center

Therapist / Teacher





Parent / Guardian Information

Father / Male Guardian

Mother / Female Guardian

Full Name:

Full Name:

Relationship to the Child:

Relationship to the Child:

Birthdate:

Birthdate:

Address:

If different from child's address

Address:

If different from child's address

Contact Number:

Contact Number:

Email Address:

Email Address:

Nationality:

Nationality:

Marital Status:

Marital Status:

Religion:

Religion:

Occupation:

Occupation:

Work Address:

Work Address:

Work Contact Number:

Work Contact Number:



Background Information

The following questions aim to enable the school to get a sense of the child's family and family life, and your familiarity with Montessori education.

Are any of the parents / guardians of the child familiar with the Montessori Method of teaching and learning?

What aspects of the Montessori Method is most appealing to you and why?

How did you hear about Macquarie Montessori Preschool?

What factors did you consider in your decision to apply to Macquarie Montessori Preschool?

What are your educational goals for your child? How do you see us facilitating these goals?

What role can we expect the child's parent(s) / guardian(s) to play in facilitating this child's educational goals?

How do you see your child in their social and emotional development?

Does your child have any hobbies or special interests, capabilities or talents?





Does your child use electronic gadgets, watch TV or online videos? What is his / her favorite activity using gadgets? What programs or kind of content does he / she watch?

How would you describe your child at this stage?

Non-Discrimination Policy

Thank you for taking time to fill out this Application Form. The information you provided will be kept confidential. We value diversity among our students. In no instance will a child's and his / her and parents / guardian's race, color, religion, nationality, ethnic origin, age, gender, or disability be a factor in the acceptance of this application and its assessment and evaluation.

Admission for Children with Special Needs

Macquarie Preschool reserves the right to request the child to have a psycho-educational evaluation whenever considered fundamental. If, after a trial period or enrollment, the student exhibits significant issues socially, physically, or academically, which may make his / her success in the school questionable, he / she may be asked to withdraw from the school. Refund and withdrawal policy must be adhered to.

Permission for Social Media Release

I give permission for my child's photos and videos to be used for marketing purposes. I understand that my child's name will not be associated with any of the photographs without specific permission from the school.

Yes

No

I declare that all information provided on this form are true and correct. I acknowledge that incorrect information or withholding of relevant information in this application might invalidate and / or cancel my child's application.

Parent / Guardian 1 Signature

Parent / Guardian 2 Signature

