



# Nova Montessori School

## Application for Admission

### Child's Name

Surname \_\_\_\_\_

First Names \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Gender (please circle) Female / Male

### Home Address

No. and Street \_\_\_\_\_

Suburb \_\_\_\_\_

Who does the child live with? \_\_\_\_\_

Name of siblings at NMC \_\_\_\_\_

Entry date requested \_\_\_\_\_

Present or last school attended \_\_\_\_\_

Ethnic group \_\_\_\_\_

(Required by Ministry of Education. Please state Pakeha/European, Maori, Pacific Islander, Asian, South American etc.)

### Foreign Students Only

Are you a New Zealand Permanent Resident \_\_\_\_\_

Passport Number \_\_\_\_\_ Visa Status \_\_\_\_\_

New Zealand entry date \_\_\_\_\_

### First Parent's Details

Relationship to child \_\_\_\_\_

Full name \_\_\_\_\_

Home address (if different from child) \_\_\_\_\_

Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Occupation \_\_\_\_\_

What is your industry? \_\_\_\_\_

Work Skills \_\_\_\_\_

Does this parent have legal access to the child? Yes / No

Does this parent have legal access to personal information about the child? Yes / No

## Second Parent's Details

Relationship to child \_\_\_\_\_  
Full name \_\_\_\_\_  
Home address (if different from child) \_\_\_\_\_  
Email \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Occupation \_\_\_\_\_  
What is your industry? \_\_\_\_\_  
Work Skills \_\_\_\_\_  
Does this parent have legal access to the child? Yes / No  
Does this parent have legal access to personal information about the child? Yes / No

## Other Caregiver/Guardian

Relationship to child \_\_\_\_\_  
Full name \_\_\_\_\_  
Home address (if different from child) \_\_\_\_\_  
Email \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Occupation \_\_\_\_\_  
What is your industry? \_\_\_\_\_  
Work Skills \_\_\_\_\_  
Does this caregiver/guardian have legal access to the child? Yes / No  
Does this caregiver/guardian have legal access to personal information about the child? Yes / No

## Emergency Contact Person

Relationship to child \_\_\_\_\_  
Full Name \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

## Family

Brothers and Sisters Age \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Child's Health Details

Physician's name and address \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Vaccinations \_\_\_\_\_  
Does the child have a medical condition the school should be aware of? Yes / No  
Allergies \_\_\_\_\_  
Vision \_\_\_\_\_  
Hearing \_\_\_\_\_  
Medication \_\_\_\_\_  
Other (please specify) \_\_\_\_\_

Please tell us any additional information that might impact your child's interaction within the school community (eg. behavioural, social, high needs, other medical issues)

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## Other

How did you hear about Nova Montessori Centre?

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Nova makes every attempt to keep our fees affordable. Parents can maintain this possibility by helping in areas where the school needs support. Here are some possible areas where you can help. Please tick the ones that are appropriate to your skills and time.

### Classroom

- Cooking
- Assisting with field trips
- Gardening
- Photography
- Maori Culture
- Other

### Administration

- IT Skills
- Electrical Work
- Plumbing
- Painting
- Fundraising
- Other

Please specify other \_\_\_\_\_

Signature of person that completed form \_\_\_\_\_ Date \_\_\_\_\_