



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)

Other

How did you hear about Nova Montessori Centre?

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 _____