



Little Oxford Montessori

EXPRESSION OF INTEREST

Child's Details

First name: _____

Surname: _____

D.O.B: _____ Gender: _____ Immunisation records attached (please tick): ☐

Does your child have additional care needs or require medical management? If so, please specify:

Details of Parent/Guardian Applying

First name: _____ Surname: _____

Relationship to child: _____ Email: _____

Mobile: _____ Home/work phone: _____

Address: _____

I wish to register my interest for a placement at Little Oxford Montessori as detailed below.

I understand that this application does **not** guarantee an offer of placement.

SIGNATURE: _____ DATE: _____

Priority Access

We abide by the Priority of Access Guidelines set by the Department of Family and Community Services (Refer <http://www.education.gov.au/priority-allocating-places>). To help us equitably fill vacancies, please tick the appropriate boxes below if you fit the circumstances listed, and attach further details.

- ☐ a child at risk of serious abuse or neglect
☐ a child of a single parent who satisfies, or of parents who both satisfy, the work, training, study test

Preferred Start Date: ☐ ASAP OR ☐ SPECIFY DATE: ____/____/____

Nomination of Days and Age Group

Please tick **ONE** row below to indicate your preferred age group and days of attendance. Minimum attendance is two days.

Age Group	Monday	Tuesday	Wednesday	Thursday	Friday
Nido (6 months – 12 months):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Piccolo (12 months-2yrs):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bambini (2-3yrs):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre-school (3 yrs- school age):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is Your Child Already Part of the SA Montessori Community?

Please specify your connection below (tick all that apply):

Centre	On Waiting List	Sibling on Waiting List	Already enrolled/attending	Sibling on Waiting List	Sibling enrolled/attending
Cedars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chancery Lane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jescott	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lilliput Village	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rosemont House	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please return to PO Box 4036 Tranmere Nth, 5073 or scan to admin@samontessori.com.au