



## Adolescent Program

## Application for Enrolment

Name \_\_\_\_\_

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

The Adolescent Community of Rockingham Montessori School accepts students from 12 years through 15 years throughout the calendar year and students 16 to 17 years commencing in January. Upon receipt of a complete application, we will schedule a visit and interview. Following this a trial period may be arranged for the child to enter the program, this is based on availability of placements. Acceptance into the program will be finalised upon completion of an Enrolment Form and payment of the Enrolment Fee and Bond.

We encourage you to complete the process as early as possible as placements are taken from our wait list on a first come first served basis.

Rockingham Montessori School Offers a comprehensive educational program for children aged 1 year – 18 years of age. Students aged 12 years and above are accepted into the Adolescent Program based on the student and family having a solid understanding and commitment to the Montessori Philosophy.

To be placed on the Adolescent Program waitlist it is a requirement that all forms and relevant documents are included in the Application for Enrolment.

**All forms, from all parties, should be mailed or emailed directly to:**

**Admissions**

**Rockingham Montessori School**

**7 Attwood Way**

**Rockingham WA 6168**

or

[reception@rms.wa.edu.au](mailto:reception@rms.wa.edu.au)

**Provide your name on the Transcript Request and School Principal/Director Teacher Recommendation forms** (print two copies; one for the Principal/Director and the second for a Math, Science, English or primary school teacher) **and submit them to the appropriate person. Please supply these persons with a stamped envelope addressed to Admissions.**

**# PLEASE INCLUDE THIS CHECKLIST WHEN SUBMITTING FORMS**

### Checklist

		Page
<input type="checkbox"/>	Application Forms	1-5
<input type="checkbox"/>	Parent Recommendations (one for each parent/guardian to complete)	7-10
<input type="checkbox"/>	Student Questions and Essays	11-12
<input type="checkbox"/>	Application Fee of \$110 AUD (non-refundable)	5
<input type="checkbox"/>	Copy of Birth Certificate	5
<input type="checkbox"/>	Copy of up to date Immunisations	5
<input type="checkbox"/>	Past school Reports	5
<input type="checkbox"/>	Transcript Request, School Teacher/Principal recommendation	13-15

## General Information

Application for enrolment in School Year \_\_\_\_\_

### Student Information

Student Surname: \_\_\_\_\_

Given Name's: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female

Country of Birth: \_\_\_\_\_ Town: \_\_\_\_\_

Australian Citizen  Australian Resident  Other

Current Home Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Siblings:	Name	Age
	Name	Age

	Name	Age
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Current School: \_\_\_\_\_ Current Year Level: \_\_\_\_\_

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

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

Name of Principal or Director: \_\_\_\_\_

### Montessori Experience

School Name: \_\_\_\_\_ Year Level/Cycle: \_\_\_\_\_

### Other Schools Attended in the Past Three Years

School Name: \_\_\_\_\_ Year Level/Cycle: \_\_\_\_\_

## General Information (Continued)

### Parent/Guardian Details

	<i>Mother Parent/ Guardian One</i>	<i>Father Parent/ Guardian Two</i>
Name & Surname:		
Business Phone:		
Home Phone:		
Mobile Phone:		
Email Address:		
Occupation:		
Workplace:		

<i>Check if Appropriate:</i>	<i>Student lives with:</i>
<input type="checkbox"/> Mother Deceased	<input type="checkbox"/> Mother
<input type="checkbox"/> Father Deceased	<input type="checkbox"/> Father
<input type="checkbox"/> Parents Divorced	<input type="checkbox"/> Both
<input type="checkbox"/> Parents Separated	<input type="checkbox"/> Other please specify:

Name(s) of Step parents if applicable:

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## Parent/Guardian Consent

I/We do hereby attest that the information contained in this application is true and accurate to the best of my/our knowledge. I/We further acknowledge that the submission of this application permits Rockingham Montessori School to review transcripts, test score, evaluations, and recommendations about the applicant in the determination of admission. I/We hereby certify that I/we will notify Rockingham Montessori School if I/we wish to withdraw this application and halt the review process.

Childs Name: \_\_\_\_\_

Parent/Guardian 1 Name: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

Parent/Guardian 2 Name: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

(If the child is in the custody of only one parent, only that parent's signature is required on this form and on all forms throughout the application.)

**In order for this application to be processed a copy of the child's Previous School Report, Birth Certificate, Immunisation form and Visa (if applicable) needs to be attached, along with the \$110.00 Application Fee**

SCHOOL BANK DETAILS  
BSB: 016440 Acc: 340958215

Rockingham Montessori School Inc. • ABN 68 115 270 695  
7 Attwood Way, Rockingham WA 6168 • P 9528 2118 • F 9528 7107  
reception@rms.wa.edu.au • www.rms.wa.edu.au

**OFFICE USE ONLY:**      Date the following received: \_\_\_\_/\_\_\_\_/\_\_\_\_

\$110.00 Paid     Copy of Birth Certificate     Copy of Immunisation form     Copy of Visa     Entered

## PARENT GUARDIAN RECOMMENDATION

The Adolescent Program of Rockingham Montessori School provides a unique opportunity for study and work. Though guided by professional and trained adults, students will be responsible for managing the prepared environment, cultivating the land, operating small business, and caring for plants and animals. These activities, integrated with academic studies, make for an intensive community.

Your child has indicated she/he is interested in the adolescent community and is up to the challenging and encompassing nature of the community. Your answers to the following questions will help us evaluate the likelihood that your child's experience will be positive. Please be honest and complete in your answers, and feel free to add additional comments.

**We ask that both parents, if possible, complete independent recommendations.**

**Parent/Guardian Recommendation**

Completed by:  Parent/Guardian One  Parent/Guardian Two

Applicants Name:

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Please comment on your child's following attributes:

	Outstanding	Excellent	Good	Average	Fair	Poor	N/A
Trustworthiness							
Cooperation							
Consideration of others							
Independence							
Self-Direction							
Teamwork							
Creativity							
Intellectual Interests							

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Please respond to the following questions over the page. (Should you need more room please respond on a separate piece of paper.)





**Parent/Guardian Recommendation**

Completed by:  Parent/Guardian One  Parent/Guardian Two

Applicants Name:

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Please comment on your child’s following attributes:

	Outstanding	Excellent	Good	Average	Fair	Poor	N/A
Trustworthiness							
Cooperation							
Consideration of others							
Independence							
Self-Direction							
Teamwork							
Creativity							
Intellectual Interests							

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Please respond to the following questions over the page. *(Should you need more room please respond on a separate piece of paper.)*

1. How would you characterise your child's personality, interests and talents?
2. In what areas would you like to see your child develop?
3. What is your child's interest and level of comfort in the natural environment?
4. How does your child behave under limited adult supervision? (Without direct adult supervision)
5. What significant issues has your child faced in his/her life?
6. Are there any special needs for which we need to be prepared?
7. Has your child ever been away from home? Describe the duration and adjustment in detail?

Signature:

Date:

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## STUDENT Questions

Applicants Name:

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Please answer the following short – answers questions in the space provided below. For the essay questions, please write on a separate piece of paper. There is no length requirement, but please answer all parts of the questions fully. Please do not seek assistance from anyone in writing these essays, as we are interested in your perspective.

1. What are your experiences outdoors? (Outdoor camps, nature walks, travel, hiking, camping, gardening, etc)
2. What are your experiences with animals? Do you care for an animal?
3. What do you do in your free time?
4. What are your academic interests, challenges and successes?
5. What responsibilities have you assumed at home, at school, and in the community?
6. Describe the last book you read for pleasure.

## STUDENT Essays

Please answer the following essay questions on a separate piece of paper. There is no length requirement, but please answer both questions fully. Please do not seek assistance from anyone in writing these essays, as we are interested in your perspective.

1. Rockingham Montessori School is a unique opportunity for study and work. Why would you like to join our community?
2. Adolescence is a time for envisioning the future. Share a description of your future for us.

NOTES:

### TRANSCRIPT Request

Application Enrolment for (Name): \_\_\_\_\_ School Year \_\_\_\_\_

I/We authorise the release of transcripts of my/our child's academic record, including grades, progress reports, credits earned, standardised test scores, attendance and disciplinary records, health forms, current Individual Education Plans, psychological reports, and guidance evaluations to Rockingham Montessori School.

Childs Name: \_\_\_\_\_

Child's Signature: \_\_\_\_\_

Parent/Guardian 1 Name: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

Parent/Guardian 2 Name: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

### INSTRUCTIONS FOR THE PRINCIPAL/DIRECTOR

Please complete this recommendation form and attach an official school transcript including:

Explanation of the grading system, progress reports, standardised test scores, health forms, current Individual Education Plans, psychological reports, school profile (where applicable)

Return the form and attached items in the addressed envelope provided by the applicant to Admissions at Rockingham Montessori School, 7 Attwood Way, Rockingham WA 6168 or email to [reception@rms.wa.edu.au](mailto:reception@rms.wa.edu.au)

Your prompt attention is very much appreciated. Thank you for your assistance.

### PRINCIPAL/DIRECTOR TEACHER RECOMMENDATION

The applicant named below is applying for admission to the Adolescent Program of Rockingham Montessori School. This community is a unique opportunity for study and work. Though guided by professional and trained adults, students will be responsible for managing the prepared environment, cultivating the land, operating small businesses, and caring for plants and animals. These activities, integrated with academic studies, make for an intensive community. The candidate has indicated he/she is interested in the Adolescent Program and is up to the challenging and encompassing nature of the community. Your answers to the following questions will help us evaluate the likelihood that the applicant's experience will be positive. Please be frank in your answers.

Applicants Name: \_\_\_\_\_

Please comment on the applicant's following attributes:

	Outstanding	Excellent	Good	Average	Fair	Poor	N/A
Trustworthiness							
Cooperation							
Consideration of others							
Independence							
Self-Direction							
Teamwork							
Creativity							

1. How do you assess the applicant's academic achievement in relation to ability?

2. Describe the applicant's emotional maturity in relation to his/her peers.
  
  
  
  
  
  
  
  
  
  
3. Describe the applicant's character and sense of responsibility.
  
  
  
  
  
  
  
  
  
  
4. Describe any notable disciplinary issues you have encountered with the applicant in the past two years.

**I recommend this applicant for admission:**

Enthusiastically    Strongly    Mildly    Reluctantly    Do not recommend

Completed by:    Principal/Director                       Teacher

Evaluator's Name: \_\_\_\_\_

School Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Thank you for completing this evaluation. Your comments are important in helping us gain a better understanding of the candidate. If you have any questions about this form, or about the Adolescent Program of Rockingham Montessori School, please feel free to contact us.