

Avalon Montessori Association

Barrenjoey Montessori School
2 Tasman Road (PO Box 170)
AVALON NSW 2107

TEL: 02 9973 1422
ABN 83 002 909 695

WAIT LIST APPLICATION

Date

Child's Name

Date of Birth

Male / Female (please circle)

Special Needs

Previous Montessori Experience YES / NO

Parent/Guardian Detail

Please indicate : Parents / Guardian

Name

Postal Address

.....

Home Tel

Business Tel

Mobile Tel

e-mail

I/we apply for the name of the above child to be placed on the waiting list register for Barrenjoey Montessori School. I/we understand that acceptance of the child's name by the Council of Management on to the waiting list register does not guarantee a placement of the child at the school.

I/we enclose payment of \$100.00 (non-refundable) for the waitlist fee.
(please make cheque payable to Avalon Montessori Association)

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Signature of Mother or Guardian Date

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Signature of Father or Guardian Date