



Date Received:
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CRICOS 02335E

School for Rudolf Steiner Education Ltd

ABN 93 000 946 289

Expression of Interest for Enrolment

(PLEASE COMPLETE IN CAPITAL LETTERS)

Child's Surname: .....

Date of Birth: ...../...../.....
Day Month Year

First Name: .....

Second Name: .....

Gender: [ ] M [ ] F [ ] other

Current School: .....Class: .....

Date of Entry: .....

Is the child an Australian Citizen:

- [ ] Yes
[ ] No

Class of Entry (Please circle one):

Resident status: [ ] Permanent [ ] Temporary

Visa type: [ ] Student [ ] Working

Table with 3 columns: Early Childhood, Pre School, Little Kindy. Rows include Primary School and High School with numbered options.

Form with two columns for Parent/Guardian 1 and Parent/Guardian 2. Fields include Surname, First Name, Address, PCode, Postal Address, Home Phone, Work Phone, Mobile, Email, and Marital Status.

With whom does the child reside: [ ] Parent/Guardian 1 [ ] Parent/Guardian 2 [ ] both

Are there any Court Orders affecting custody, access or financial arrangements (education related) for the child:
[ ] No [ ] Yes

How did you hear about the school? .....

Does your child have any specific needs that may impact their ability to participate in activities and education generally?  
(Please specify & attach copies of any relevant documentation.)

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In order to inform our Learning Support Programme, has your child had any formal psychological or educational assessment?  
 No  Yes (Please specify, and attach copies of any relevant documentation.)

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Medical Information:
Does your child have any pre-existing medical conditions? <input type="checkbox"/> No <input type="checkbox"/> Yes -> Please specify <input type="checkbox"/> Allergies <input type="checkbox"/> Anaphylaxis <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy <input type="checkbox"/> Other condition Details: .....

Please list details of your other children:

Name: .....	Date of Birth: ...../...../.....	Class: .....
Name: .....	Date of Birth: ...../...../.....	Class: .....
Name: .....	Date of Birth: ...../...../.....	Class: .....
Name: .....	Date of Birth: ...../...../.....	Class: .....
Name: .....	Date of Birth: ...../...../.....	Class: .....

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**OFFICE USE ONLY:** Application Fee Paid: ...../...../..... 1<sup>st</sup> Meeting with: ..... Date: ...../...../.....

Teacher Meeting with: ..... Date: ...../...../..... Class visit dates: .....

Notes:

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