



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:

Sex: [] M [] F Current School:Class.....

Desired Date of Entry:

Class of Entry (Please circle one):

Early Childhood Pre School Little Kindy Kindergarten
Primary School 1 2 3 4 5 6 7
High School 8 9 10 11 12

Is the child an Australian Citizen or resident:

[] Yes
[] No (Please specify re visa status etc)

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Mother/Parent or Guardian 1

Father/Parent or Guardian 2

Surname: Surname:

First Name: First Name:

Address: Address:

.....PCode: PCode:

Postal Address (if different from above): Postal Address (if different from above):

.....PCode: PCode:

Home Phone: Home Phone:

Work Phone: Work Phone:

Mobile: Mobile:

Email:..... Email:.....

Marital Status (Married/Divorced/Separated/Sole Parent) Marital Status (Married/Divorced/Separated/Sole Parent)

Other Information:

How did you hear about our school?

With whom does the child reside:

Are there any Court Orders affecting custody, access or financial arrangements (education related) for the child:

[] No [] Yes (Please specify)

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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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PLEASE CONTINUE OVERLEAF

Does your child have any pre-existing medical conditions? No Yes -> *Please specify below*
(please attach copies of relevant documentation)

Anaphylaxis Asthma Diabetes Epilepsy Depression Anxiety

Other mental health issues, *please specify:*

Other condition:

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

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Please list details of your other children:

Surname	Given Name	Date of Birth	Current School	Class
			<input type="checkbox"/> Attends Lorien Novalis <input type="checkbox"/> Applying to Lorien Novalis <input type="checkbox"/> Other school (name):	
			<input type="checkbox"/> Attends Lorien Novalis <input type="checkbox"/> Applying to Lorien Novalis <input type="checkbox"/> Other school (name):	
			<input type="checkbox"/> Attends Lorien Novalis <input type="checkbox"/> Applying to Lorien Novalis <input type="checkbox"/> Other school (name):	
			<input type="checkbox"/> Attends Lorien Novalis <input type="checkbox"/> Applying to Lorien Novalis <input type="checkbox"/> Other school (name):	
			<input type="checkbox"/> Attends Lorien Novalis <input type="checkbox"/> Applying to Lorien Novalis <input type="checkbox"/> Other school (name):	

OFFICE USE ONLY:

Family met with:

Date:

Notes:

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