

# Expression of Interest

To be completed for each child

## CHILD

SURNAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_  
 DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ GENDER: Female  Male  FIRST LANGUAGE: \_\_\_\_\_  
 RESIDES WITH: Both Parents  Mother  \_\_\_\_\_ % Father  \_\_\_\_\_ % Guardian  \_\_\_\_\_  
 PRESENT SCHOOL & YEAR LEVEL (if applicable): \_\_\_\_\_  
 REQUIRED YEAR LEVEL REQUESTED: \_\_\_\_\_ REQUIRED START DATE: \_\_\_\_\_

## FAMILY

**PRIMARY CONTACT NAME:** \_\_\_\_\_  
 RELATIONSHIP TO CHILD: Mother  Father  Guardian  \_\_\_\_\_  
 ADDRESS (Residential): \_\_\_\_\_  
 ADDRESS (Postal): \_\_\_\_\_  
 PHONE (H): \_\_\_\_\_ PHONE (W): \_\_\_\_\_ MOBILE: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_  
 OCCUPATION: \_\_\_\_\_

**SECOND CONTACT NAME:** \_\_\_\_\_  
 RELATIONSHIP TO CHILD: Mother  Father  Guardian  \_\_\_\_\_  
 ADDRESS (Residential): \_\_\_\_\_  
 ADDRESS (Postal): \_\_\_\_\_  
 PHONE (H): \_\_\_\_\_ PHONE (W): \_\_\_\_\_ MOBILE: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_  
 OCCUPATION: \_\_\_\_\_

## OTHER CHILDREN IN FAMILY:

First Name: \_\_\_\_\_ Age: \_\_\_\_\_ Current Enrolment  EOI completed  N/A   
 First Name: \_\_\_\_\_ Age: \_\_\_\_\_ Current Enrolment  EOI completed  N/A   
 First Name: \_\_\_\_\_ Age: \_\_\_\_\_ Current Enrolment  EOI completed  N/A   
 First Name: \_\_\_\_\_ Age: \_\_\_\_\_ Current Enrolment  EOI completed  N/A

# GENERAL

SCHOOL TOUR ATTENDED: YES  NO

HOW DID YOU FIND OUT ABOUT STEINER EDUCATION?

WHY DO YOU WANT YOUR CHILD TO COME TO A STEINER SCHOOL?

DOES YOUR CHILD HAVE ANY AREAS OF NEED THAT MIGHT AFFECT HIS / HER ACHIEVEMENT AT SCHOOL?

DOES YOUR CHILD HAVE ANY OF THE FOLLOWING:

Special educational needs?  Physical disabilities?  Social/emotional needs?  Ongoing medical Condition?

Please elaborate:

**Special consideration for placement may be given to:**

- Siblings
- Students transferring from other Steiner schools (compatibility of philosophy)
- Compatibility of the philosophies underlying Steiner Education with the beliefs of the responsible adults in the child's home environment
- Ex students
- Locality
- Teachers' children

**Factors that are taken into account are:**

- The special educational needs of other children in the class vis à vis the needs of the applicant
- Behavioural challenges of the applicant vis à vis duty of care in relation to other students

I have read the provided information, Waldorf Education booklet, school fees, etcetera and understand that this form does not imply enrolment for my child.

**Parent/Guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Office Use only

Date received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ by: \_\_\_\_\_ Date processed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Copies to: Teacher  Business Manager  Learning Support  Principal

# Student History Request

## TO WHOM IT MAY CONCERN

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(Name of School)

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(email)	(Phone No.)	(Facsimile No.)
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## REGARDING

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(Student Name)	(Date of Birth)
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Person to contact for educational history: \_\_\_\_\_

Date of last attendance:        \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Please forward copies of student records and provide other information which would assist in the provision of an educational program for the above student. This information may include detail of attendance, special programs, support from other agencies and early intervention programs.

### Information Provider:

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Dated: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### Consent for Transfer of Student Records and/or Advice

I hereby give consent for the Alice Springs Steiner School to obtain, from my child's previous school, information which will assist in the provision of an appropriate educational program. I understand the information will be kept confidential and only accessed by appropriate personnel on a 'need to know' basis.

**Parent / Guardian:** Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_