

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

(Name of School)

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

(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: _____ / _____ / _____