

EXPRESSION OF INTEREST

To be completed for each child

CLASS – tick relevant

Desert Rose Playgroup	<input type="checkbox"/> (0 – 4)	Class 1	<input type="checkbox"/> (turning 7)
Billy Button	<input type="checkbox"/> (turning 4 after 30 th June)	Class 2	<input type="checkbox"/> (turning 8)
Ruby Saltbush	<input type="checkbox"/> (turning 4 before 30 th June)	Class 3	<input type="checkbox"/> (turning 9)
Cassia (Young)	<input type="checkbox"/> (turning 5)	Class 4	<input type="checkbox"/> (turning 10)
Cassia (Transition)	<input type="checkbox"/> (turning 6)	Class 5	<input type="checkbox"/> (turning 11)
		Class 6	<input type="checkbox"/> (turning 12)
		Class 7	<input type="checkbox"/> (turning 13)

Required start date/term:

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): _____

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

FAMILY

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

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

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, school fees, etcetera and understand that this form does not imply enrolment for my child. I understand a once-off, non-refundable application fee of \$100 (per child) excluding Desert Rose Playgroup must accompany this Expression of Interest for it to proceed for consideration (also non-refundable if application is withdrawn or not accepted).

Parent/Guardian signature: _____ **Date:** _____

Office Use only

Date received: / / by: _____ Date processed: / /

Copies to: Teacher Business Manager Learning Support Principal

Application fee received? Y / N Method of payment: _____ Receipt #: _____



PAYMENT METHODS

Note: for privacy security, these details will be destroyed following payment

Cash/Cheque

Please make cheque payable to: **Alice Springs Steiner School**

OR

Credit card

Type of card (please circle)

Bankcard

Mastercard

Visa

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Expiry date

Cardholder name (as appears on card)

BLANK

STUDENT HISTORY REQUEST

TO WHOM IT MAY CONCERN

(Name of School / Agency)

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

REGARDING

(Student Name) (Date of Birth)

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: _____ / _____ / _____