

# APPLICATION FORM

To be completed for each child

## CLASS – please tick relevant

- |                        |  |                |                                       |
|------------------------|--|----------------|---------------------------------------|
| <b>Billy Button</b>    | <input type="checkbox"/> (turning 4 after 30 <sup>th</sup> June)   | <b>Class 1</b> | <input type="checkbox"/> (turning 7)  |
| <b>Ruby Saltbush</b>   | <input type="checkbox"/> (turning 4 before 30 <sup>th</sup> June)<br>(turning 5 after 30 <sup>th</sup> June) | <b>Class 2</b> | <input type="checkbox"/> (turning 8)  |
| <b>Cassia Young</b> KG | <input type="checkbox"/> (turning 5 before 30 <sup>th</sup> June)  | <b>Class 3</b> | <input type="checkbox"/> (turning 9)  |
| <b>Cassia Cusp</b> TR  | <input type="checkbox"/> (turning 6 between Oct 1 <sup>st</sup> and<br>last day of Feb)                      | <b>Class 4</b> | <input type="checkbox"/> (turning 10) |
| <b>Cassia Old</b> TR   | <input type="checkbox"/> (turning 6 before Oct)  | <b>Class 5</b> | <input type="checkbox"/> (turning 11) |
|                        |  | <b>Class 6</b> | <input type="checkbox"/> (turning 12) |
|                        |  | <b>Class 7</b> | <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 ☐ Application completed ☐ N/A ☐

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

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

First Name: \_\_\_\_\_ Age: \_\_\_\_\_ Current Enrolment ☐ Application 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) must accompany this Student Application 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 #: \_\_\_\_\_

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**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

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Cardholder name (as appears on card)

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# STUDENT HISTORY REQUEST

## TO WHOM IT MAY CONCERN

(Name of School / Agency)		
(email)	(Phone No.)	(Facsimile No.)

## 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: \_\_\_\_/\_\_\_\_/\_\_\_\_