



Expression of Interest Form – Kindergarten to Class 8

CHILD- One form to be completed per child.

Surname: _____ First name: _____

Date of Birth: _____ Gender: _____ Language: _____

Current School & Year Level (if applicable): _____

Year Level requested: _____ Required Start Date: _____

FAMILY

Primary Contact Name (Parent/Guardian): _____ Relationship to Child: _____

Address: _____

Contact Phone: _____ Email: _____

OTHER CHILDREN IN THE FAMILY

Name: _____ Date of Birth: _____

Current School (if any) _____

Name: _____ Date of Birth: _____

Current School (if any) _____

Name: _____ Date of Birth: _____

Current School (if any) _____

GENERAL

Have you attended a school tour? Yes No

How did you find out about Steiner Education and Castlemaine Steiner School?

What do you hope for your child from a Steiner Education?

Does your child have any of the following:

Special educational needs

Physical disabilities

Social/emotional needs

Chronic medical condition/s

Please provide details:

Does your child have any other areas of need that might affect his / her achievement at school?

Declaration

The School accepts applications for admission from all families and children and does not discriminate on the basis of race, colour, gender, sexuality, physical or mental disability, religion, national extraction or social origin. Enrolments to the school require written consent from both legal parents/guardians of the child/ren. In the absence of consent from both legally responsible parents/guardians, current Court Orders detailing authority on education decisions must be provided.

I/We _____ am a person with lawful authority of the child referred to in this Expression of Interest form.

I/We understand that submission of this form or payment of the \$100 Application Fee does not guarantee a place at the school.

Parent/Guardian 1 Name: _____ Signature: _____ Date: _____

Parent/Guardian 2 Name: _____ Signature: _____ Date: _____

Application fees can be paid at the office, via credit card over the phone or to;

Bank Australia

BSB 313 140, Acc 1211 7546

Acc Name – Castlemaine Steiner School

Reference – Your child's name

Office Use only

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

Copies to: Teacher Business Manager Learning Support Principal





Permission - Student Transfer Information

The following provides authority to Castlemaine Steiner School to obtain all student history from the child's current enrolled school.

TO WHOM IT MAY CONCERN

Name of School / Agency: _____

Contact Phone: _____ Contact Email: _____

Person to contact for education history, i.e. most recent Teacher: _____

REGARDING

Student Name: _____ Date of Birth: _____

Date of last attendance: ____/____/____

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

Information Provider details:

Name: _____ Position: _____

Signature: _____ Dated: ____/____/____

CONSENT for Transfer of Student Records

I hereby give consent for the Castlemaine Steiner School and Kindergarten to obtain my child's previous school student information to assist in the provision of appropriate educational program and student transfer arrangements. I understand the information will be kept confidential and accessed by appropriate personnel.

Parent / Guardian: Name: _____

Signed: _____ Dated: ____/____/____