



## Expression of Interest Form – Kindergarten to Class 8

One form to be completed per child.

CHILD DETAILS		Entry Year		Entry Level	
SURNAME					
Given Names			Preferred Name		
Date of Birth		Gender		Language	
Current School & Year Level (if applicable)					
FAMILY DETAILS	Parent/Guardian 1 – Primary		Parent/Guardian 2		
Title					
Surname					
Given Names					
Relationship to Child					
Residential Address					
Contact Phone					
Email Address					
Child Lives With:	Parent/Guardian 1	Parent/Guardian 2	Or Both		

### 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) \_\_\_\_\_



**MEDICAL INFORMATION**

Please give full details and attach paper if space is insufficient. Please attach all supporting documentation.

**Healthcare/Pension/Concession Card**

Concession Card

Expiry Date:

Medicare Number

Ref No:

Doctor's Name:

Clinic Name:

Address:

Phone:

**Medical Conditions**

Does your child experience any of the following impairments? (tick if applicable)

- Hearing
- Speech
- Vision
- Mobility

If YES, please provide details:

**Medication**

YES / NO

Does the student take medication?

If YES, please provide details:

## Allergies & Anaphylaxis

Where anaphylaxis has been diagnosed please refer to the School's Anaphylaxis Management Policy. The School will require an individual medical management plan for the allergy signed by the treating medical practitioner.

Does your child have any allergies?

YES / NO

IF YES, please specify:

Has your child been diagnosed at risk of Anaphylaxis?

YES / NO  
(Plan required)

Does your child have an auto injection device (e.g. EpiPen®)?

YES / NO

Has a Risk Management Plan been completed by the School in consultation with you?

YES / NO

## Asthma

Has your child been diagnosed with asthma?

YES / NO

Has an Asthma Management Plan been provided to the School?

YES / NO

## Other Medical Conditions

Does your child have any other medical conditions?

YES / NO

If YES, please provide details:

## ADDITIONAL EDUCATIONAL SUPPORTS

This section relates to additional educational support needs that may require consideration to support your child's participation at CSSK.

### SUPPORT SERVICES

Please tick the box if your child has ever received, or is currently receiving, any of the following services:

- Counselling
- Therapy
- Speech Therapy
- Occupational Therapy
- Early Intervention Services

<input type="checkbox"/> Special Education Support <input type="checkbox"/> Teacher Aide Support <input type="checkbox"/> Support from a psychologist, psychiatrist or child guidance counsellor <input type="checkbox"/> Programs for intellectually gifted children <input type="checkbox"/> Any other support services	
If YES, please provide details:	YES / NO
<b>DISABILITY OR MEDICAL CONDITION</b> Does your child experience a disability or medical condition that could impact their ability to participate at CSSK? If yes please attach all supporting documents.	
Has another school or teacher ever suggested that your child may need an assessment for additional support and/or special gifts and talents?	
If YES, please provide details:	YES / NO
Do we have permission to speak to the teachers/professionals who currently or previously provided support services to your child?	
If YES, please provide contact details:	YES / NO
<b>DIETARY</b> Does your child have any special dietary needs?	
If YES, please provide details:	YES / NO
<b>OTHER</b> Is there anything else that the School should know about your child?	
If YES, please provide details:	YES / NO
Have all relevant and supporting documents and assessments been provided for additional education supports?	YES / NO

## 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?

I have read the information provided and understand that this form does not imply enrolment for my child.

**Admission Process**

A completed Expression of Interest (EOI) form and a non-refundable \$100 Application Fee must be received to be considered for any position available at CSSK. The CSSK Admissions, Enrolment and Withdrawal Policy can be found on our website at [www.cssk.vic.edu.au](http://www.cssk.vic.edu.au).

**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, a Statutory Declaration for single signatory enrolments or current Court Orders detailing authority on education decisions must be provided.

We, \_\_\_\_\_ and \_\_\_\_\_  
(print full name/s) Parent/Guardian 1 Parent/Guardian 2

Being persons with lawful authority of the child referred to in this expression of interest form, understand that submission of this form and/or payment of the \$100 Application Fee does not guarantee a place at the school. We confirm that we have read and understood the CSSK Admissions, Enrolment and Withdrawal Policy.

Parent/Guardian 1 Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian 2 Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**BILLING**

On receipt of EOI payment, we will set up your school fees account. Our system allows the account to be in the name of one parent/guardian only. This does not imply sole financial responsibility, nor preclude future changes upon request. Invoices can be emailed to multiple contacts.

Please advise Parent/Guardian name on account: .....

Please advise which parent would like to receive the invoices:

Parent/Guardian 1 <input type="checkbox"/>	Parent/Guardian 2 <input type="checkbox"/>	Both <input type="checkbox"/>
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Application fees can be via credit card over the phone or to;

Bank Australia  
BSB 313 140  
Acc 1211 7546  
Acc Name – Castlemaine Steiner School  
Reference – EOI Your child’s name

If you pay via direct deposit, please email the receipt to [enquiries@cssk.vic.edu.au](mailto:enquiries@cssk.vic.edu.au)

<b>Office Use only</b>	
Date received: ____/____/____ by: _____	Date processed: ____/____/____
Copies to: Teacher <input type="checkbox"/> Business Manager <input type="checkbox"/> Learning Support <input type="checkbox"/> Principal <input type="checkbox"/>	





## 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

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

Parent/Guardian 1 Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian 2 Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_