



Expression of Interest Form – Kindergarten to Class 8

One form to be completed per child.

CHILD DETAILS			
First Name	Surname	Gender	
Date of Birth	Language	Current School & Year Level (If app)	
Entry Year	Entry Level		
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) _____

[E. enquiries@cask.vic.edu.au](mailto:enquiries@cask.vic.edu.au) [W. www.cask.vic.edu.au](http://www.cask.vic.edu.au)



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

Does the student take medication?

YES / NO

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
- Special Education Support Teacher Aide Support Programs for intellectually gifted children
- Support from a psychologist, psychiatrist, or child guidance counsellor Any other support services

If YES, please provide details:	
DISABILITY OR MEDICAL CONDITION	
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
DIETARY	
Does your child have any special dietary needs?	
If YES, please provide details:	YES / NO
OTHER	
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 an onsite CSSK school tour? YES / NO If Yes when? _____

Have you attended a virtual information event? YES / NO If Yes when? _____

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

The Castlemaine Steiner School and Kindergarten offers both a Kinder program and a Prep to Year 8 program. The Kinder program is offered as a two year program, commencing at three year old level. Each year our three year old Kinder group rolls over to become our four year old Kinder group, allowing a few places available for entry at K4 level. Entry to CSSK commences at Prep.

To register for either of these programs we require an Expression of Interest form and payment of a non-refundable Application Fee.

Please indicate which program you wish to register for:

- Kinder Only \$50
- Kinder to CI8 \$100

Please note: if you submit an EOI for Kinder only and later wish to register for a Prep to Class 8 place, an additional Expression of Interest form and \$100 application will be required.

The CSSK Admissions, Enrolment and Withdrawal Policy* can be found on our website at www.cssk.vic.edu.au.

*Note - CSSK Admissions, Enrolment and Withdrawal Policy is under development to reflect the introduction of the three year old Kinder program.

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 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@cask.vic.edu.au

Office Use only			
Date received: ____/____/____	by: _____	Date processed: ____/____/____	
Copies to: Teacher	Business Manager	Learning Support	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: _____