



FOR RUDOLF STEINER EDUCATION LTD.

APPLICATION FOR ENROLMENT

Child's Information form with fields: Bar Code/Student ID, Proposed Entry Date, Proposed Class, Do you plan to attend our Playgroup?, First Name, Middle Name, Surname, Gender, Date of Birth, Country of Birth, What year do you expect your child to enter Class 1?, Is your child Aboriginal or Torres Strait Islander?

Mother's / Guardian's Information

Mother's / Guardian's Information form with fields: Surname, First Name, Home Address, Suburb, Postcode, Postal Address (or as above), Suburb, Postcode, Phone (H), Mobile, Phone (W), Email, Mother's partner

Father's / Guardian's Information

Father's / Guardian's Information form with fields: Surname, First Name, Home Address, Suburb, Postcode, Postal Address (or as above), Suburb, Postcode, Phone (H), Mobile, Phone (W), Email, Father's partner



Other Information

Name of the person child normally resides with	
Name of person responsible for fee payment	
Siblings names and ages	

Previous Schools and other educational experience

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Are School Reports available? Y / N

Reason for leaving previous school (if applicable)

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General comments

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Signature of Mother / Guardian

Signature of Father / Guardian

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Date	Date

or Signature of Person responsible for payment of fees if not one of the above

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Print Name	Date

Office use only

Application accepted by the College of Teachers	Yes	No
Teaches Name	Date	
Authorised Signature		

Registration Fee

Paid	Yes	No	Date	
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PLEASE COMPLETE AND RETURN TO SCHOOL WITH YOUR APPLICATION FOR ENROLMENT

To help us plan for your child's education, please assist us with the following information:

Does your child have any medical requirements? **Yes / No**

Please specify _____

Is there any family history of learning difficulties that may be relevant to your child eg. siblings, biological parents. **Yes / No**

Please specify _____

Does your child have any difficulties in the following areas:

- Mobility **Yes / No**
- Behaviour – social / emotional **Yes / No**
- Speech/language (eg. slow to talk) **Yes / No**
- Physical coordination/gross motor skills **Yes / No**
- Fine motor coordination **Yes / No**
- Attention/concentration **Yes / No**
- Hearing **Yes / No**
- Vision **Yes / No**
- Literacy **Yes / No**
- Numeracy **Yes / No**
- Other **Yes / No**

Please specify _____

Do you have any records of medical or educational assessments relevant to your child's education? **Yes / No**

Please specify _____
