

CASTLEMAINE STEINER SCHOOL AND KINDERGARTEN

STUDENT ENROLMENT APPLICATION INFORMATION	Student ID								
20_____	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>								

Student Details Section NB: For assistance in completing this form please speak with the Enrolment Officer.

STUDENT PERSONAL AND ENROLMENT DETAILS					
Surname					
First Given Name		Second Given Name			
Preferred Name (if applicable)		Gender (circle)	M / F	Birth Date	dd-mm-yy / /
Family Home Address Details					
No. & Street			PO Box Number (for separate Mailing address)		
Suburb				State	Postcode
Telephone Number		Silent Number (circle) Yes/No		Mobile or Fax Number	
List Any Other Family Members Attending This School:					
OFFICE USE ONLY					
Enrolment Date	/ /		Status (circle)	Active / Inactive / Future	
Year Level on entry					

Family Details Section

PRIMARY FAMILY DETAILS					
NOTE: The 'PRIMARY' Family is: "The family or parent the student mostly lives with" -					
ADULT A (Mother)			ADULT B: (Father)		
Title Ms, Mr, Dr etc			Title Ms, Mr, Dr etc		
Surname			Surname		
First Name			First Name		
Occupation			Occupation		
Employer			Employer		
Country of Birth			Country of Birth		
Native Language (Write E if English)			Native Language (Write E if English)		
Other Language (Write E if English)			Other Language (Write E if English)		
Interpreter Required? (circle)		Y / N			
❖ Highest Year of Primary or Secondary Education (circle)		Year 9 Year 10 Year 11 Year 12			
❖ Highest Qualification		None Certificate I to IV Advanced Diploma/Diploma Bachelor Degree or above			
Relationship To Student (circle)		Parent, Step-Parent, Adoptive Parent, Foster Parent, Host Family, Relative, Friend, Self or Other			
❖ Mother - Occupation code (choose from list provided at the back of this form)			❖ Father - Occupation code (choose from list provided at the back of this form)		
❖ Language spoken at home (Write E if language is English)			❖ Preferred Language of Notices (Write E if language is English)		
❖ These questions are asked as a requirement of the Commonwealth Government. All schools across Australia will be required to collect the same information.					

ADULT A: Contact Details (Mother)		ADULT B: Contact Details (Father)	
Can we contact you at work? (circle)	Y / N	Can we contact you at work? (circle)	Y / N
Are you usually home during business hours? (circle)	Y / N	Are you usually home during business hours? (circle)	Y / N
Work phone no. and any other contact information		Work phone no. and any other contact information	
Home phone no. and any other contact information		Home phone no. and any other contact information	
Preferred method of contact (circle)	Mail / Email / Facsimile	Preferred method of contact (circle)	Mail / Email / Facsimile
E-Mail Address		E-Mail Address	
Fax Number		Fax Number	

What skill would either adult be able to contribute to the School, eg. Admin Council, excursions, reading craft or similar activities? (circle)	List skills:
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Do you give permission for the school to publish your phone number on the School Telephone Tree. (circle)

Y / N

Family Doctor / Medical Care Details			
Doctor's Name		Individual or Group Practice (circle)	I / G
No. & Street or Box Number			
Suburb	State	Postcode	
Dr's Telephone Number	Facsimile Number		
Ambulance Subscriber (circle)	Y / N	Medicare Number	

Emergency Contacts – List at least two Emergency contacts please				
	Name	Relationship [Neighbour, Relative, Friend or Other]	Telephone Contact	Language Spoken If English Write "E"
1				
2				
3				
4				

Primary Family Details for the student			
The Student Lives With the Primary Family: (circle)	Always, Mostly, Balanced, Occasionally, Never	Send School Correspondence Addressed to: (circle)	A = Adult A B = Adult B C = Both Adults N = Neither

Please describe any particular family arrangements the school should be aware of:

DEMOGRAPHIC DETAILS FOR STUDENT						
Country of Birth						
If Country of Birth is NOT Australia then advise: Date of Arrival in Australia OR Date of Return to Australia [dd-mm-yyyy]				/	/	
Residential Status (circle)	P / T	P = Permanent, T = Temporary IF T, the Visa Information line must be completed				
Basis of Australian Residency (circle)	Eligible for Australian Passport		Holds Australian Passport		Holds Permanent Residency Visa	
Visa Sub Class	Visa Statistical Code [Not required for some sub-classes]		Visa Expiry Date [dd-mm-yyyy]	/	/	
Does the student speak a language other than English (circle)			No, English Only	Yes (please specify)		
Student Speaks English (circle)	Y / N	Indigenous Background	N = No Indigenous Background, K = Aboriginal, T = Torres Strait Islander, B = Both Aboriginal & Torres Strait Islander			
Usual Mode of Transport	W = Walking, Y = Bicycle, B = School Bus, P = Public Bus, T = Train, M = Tram, C = Driven, S = Self Driven, X = Taxi or O = Other			Distance to School In Kilometres		
Religion			Religious Instruction			
General Notes						

FAMILY RESTRICTIONS - ACCESS OR CHILD CUSTODY REQUIREMENTS			
Is There An Access Alert? (circle)	Y / N	If Y, then complete the Access Type and Access Restriction sections If N move to medical / immunisation details section below	
Access Type			Court Order, Family Law Order, Restraining Order or Other. A COPY OF THE RELEVANT SECTIONS OF ANY FAMILY COURT ORDER OR OTHER MUST BE PROVIDED OT THE SCHOOL.
Access Restriction [Description]			
Is There An Activity Alert? (circle)	Y / N	If Y, then describe the Activity Restriction in below	
Activity Restriction: [If Any]			

MEDICAL / IMMUNISATION DETAILS FOR STUDENT	
In the event of illness or injury to my child whilst at school, on an excursion, or travelling to or from school; I authorise the teacher-in-charge of my child, where the teacher-in-charge is unable to contact me, or it is otherwise impracticable to contact me to:	
<ul style="list-style-type: none"> consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner, administer such first aid as the College of Teachers or staff member may judge to be reasonably necessary. 	
*** Signature of Parent/Guardian	(Signature required)

SPECIAL NEEDS					
Medical Alert (circle)	Y / N	Condition:			
Disability (circle)	Y / N	Immunisation Certificate Sighted by School (circle)	Y / N / NA		
Disability ID Number		Immunisation Status (circle)	Complete Immunisation / Partial Immunisation / Not Immunised		
Hearing Impairment (circle)	Y / N	Legend: Y = Immunised, N = Not Immunised, U = Unknown			
Speech Impairment (circle)	Y / N	Diphtheria	Y / N / U	Poliomyelitis	Y / N / U
Vision Impairment (circle)	Y / N	Haemophilus Influenza type B	Y / N / U	Tetanus	Y / N / U
Mobility Impairment (circle)	Y / N	MMR (Measles, Mumps, Rubella)	Y / N / U	Hepatitis B	Y / N / U
Special Education Needs	Y / N	Pertussis (Whooping Cough)	Y / N / U		

Describe the Special Education Needs:

** Please attach any supporting medical or educational reports to assist in planning for your child's education.

MEDICAL CONDITIONS – More copies of the medical condition forms are available on request from the school.

1/ ASTHMA **Y / N**
 If Yes you must complete the “Enrolment Procedures for Children with Asthma and/or Anaphylaxis” form

2/ ANAPHYLAXIS **Y / N**
 If Yes you must complete the “Enrolment Procedures for Children with Asthma and/or Anaphylaxis” form

3/ ANY OTHER Medical Condition Details

Medical Condition	
Further Detail:	
Symptoms	

Does the student take medication for the above medical conditions? Y / N

If my child displays any of the above symptoms please:

Inform Doctor? (circle)	Y / N	Inform Emergency Contact (circle)	Y / N	Administer Medication (circle)	Y / N
Other Medical Action (circle)	Y / N	If Y please advise the action required			
Medication			Is Medication preventative (taken regularly) or in response to symptoms	Preventative / Response	
Dosage			Frequency		
Medication is Administered By	Student, Nurse, Teacher, Other		Location Stored	Student, Nurse, Fridge in Staff Room, Elsewhere	
Dosage Time			Reminder Required (circle)	Y / N	Poison Rating

Previous School	
Why do you want your child to attend a Steiner School?	

FINANCE DETAILS

EMA (circle)	Y / N	Conveyance Allowance	Y / N
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Thank you for taking the time to complete this Student Information form. The details are confidential, but are required to enable staff to properly enrol your child at our school.

Reminder: You are also asked to sign the Conditions of Admission Form to complete the enrolment of this child.

Signature(s) of Parents/Guardians:

_____ Dated ___ / ___ / 20__

_____ Dated ___ / ___ / 20__

NB: This application must be accompanied by the non-refundable \$80 Application Fee in order to formally commence the application process. Receipt of the Fee will determine your Application Date.

NB: You should have signed this form in two places:
 1. For the Medical Release section and 2. this Final section.

PARENTAL OCCUPATION GROUP CODES

The codes outlined below are to be used when providing family occupation details for enrolled students. This information is used for determining funding allocations to schools.

Please select the appropriate letter from the following list of groups.

- If you are not currently in paid work but have had a job in the last 12 months, or have retired in the last 12 months, please enter the occupation group letter of your last occupation.
- If you have not been in paid work for the last 12 months, enter 'N' into the 'occupation code' field on the enrolment form.

LIST OF PARENTAL OCCUPATIONS:

GROUP A Senior management in large business organisation, government administration and defence, and qualified professionals

Senior Executive / Manager / Department Head in industry, commerce, media or other large organisation

Public Service Manager (Section head or above), regional director, health / education / police / fire services administrator

Other administrator (school principal, faculty head / dean, library / museum / gallery director, research facility director)

Defence Forces Commissioned Officer

Professionals – generally have degree or higher qualifications and experience in applying this knowledge to design, develop or operate complex systems; identify, treat and advise on problems; and teach others:

- *Health, Education, Law, Social Welfare, Engineering, Science, Computing* professional
- *Business* (management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer)
- *Air / Sea transport* (aircraft / ship's captain / officer / pilot, flight officer, flying instructor, air traffic controller)

GROUP B Other business managers, arts/media/sportspersons and associate professionals

Owner / Manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business

Specialist Manager (finance / engineering / production / personnel / industrial relations / sales / marketing)

Financial Services Manager (bank branch manager, finance / investment / insurance broker, credit / loans officer)

Retail Sales / Services Manager (shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency)

Arts / Media / Sports (musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/woman, coach, trainer, sports official)

Associate Professionals – generally have diploma / technical qualifications and support managers and professionals:

- *Health, Education, Law, Social Welfare, Engineering, Science, Computing* technician / associate professional
- *Business / administration* (recruitment / employment / industrial relations / training officer, representative, retail buyer, office / project manager)
- *Defence Forces* senior Non-Commissioned Officer

GROUP C Tradesmen/women, clerks and skilled office, sales and service staff

Tradesmen/women generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group.

Clerks (bookkeeper, bank / PO clerk, statistical / actuarial clerk, accounting / claims / audit clerk, payroll clerk, recording / registry / filing clerk, betting clerk, stores / inventory clerk, purchasing / order clerk, freight / transport / shipping clerk, bond clerk, customs agent, customer services clerk, admissions clerk)

Skilled office, sales and service staff:

- *Office* (secretary, personal assistant, desktop publishing operator, switchboard operator)
- *Sales* (company sales representative auctioneer, insurance agent/assessor/loss adjuster, market researcher)
- *Service* (aged / disabled / refuge / child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor)

GROUP D Machine Operators, hospitality staff, assistants, labourers and related workers

Drivers, mobile plant, production / processing machinery and other machinery operators

Hospitality staff (hotel service supervisor, receptionist, waiter, bar attendant, kitchen hand, porter, housekeeper)

Office assistants, sales assistants and other assistants:

- *Office* (typist, word processing / data entry / business machine operator, receptionist, office assistant)
- *Sales* (sales assistant, motor vehicle / caravan / parts salesperson, checkout operator, cashier, bus / train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker)
- *Assistant / aide* (trades' assistant, school / teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum / gallery attendant, usher, home helper, salon assistant, animal attendant)

Labourer and related workers

- *Defence Forces* – rank below senior NCO not included above
- *Agriculture, horticulture, forestry, fishing, mining worker* (farm overseer, shearer, wool / hide classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry / logging worker, miner, seafarer / fishing hand)
- *Other worker* (labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor)