



CRICOS 02335E

School for Rudolf Steiner Education Ltd

ABN 93 000 946 289

(131e) Application for Enrolment

STUDENT DETAILS

(PLEASE COMPLETE IN CAPITAL LETTERS)

Child's Surname: .....

Date of Birth: ...../...../.....
Day Month Year

First Name: .....

Second Name: .....

Gender: [ ] M [ ] F [ ] other

Current School: .....Class: .....

Date of Entry: .....

Is the child an Australian Citizen:

Class of Entry (Please circle one):

- [ ] Yes Please attach a copy of their Birth Certificate
[ ] No Please attach a copy of Passport & Visa documents

Table with 2 rows and 12 columns for class of entry: Early Childhood, Pre School, Kindergarten 1-7, Primary School, High School.

Resident status: [ ] Permanent [ ] Temporary

Visa type: [ ] Student [ ] Working

Parent/Guardian 1

Parent/Guardian 2

Surname: .....

Surname: .....

First Name: .....

First Name: .....

Address: .....

Address: [ ] same as Parent/Guardian 1 or: .....

.....PCode: .....

.....PCode: .....

Postal Address (if different from above): .....

Postal Address (if different from above): .....

[ ] same as Parent/Guardian 1 or: .....

.....PCode: .....

.....PCode: .....

Home Phone: .....

Home Phone: .....

Work Phone: .....

Work Phone: .....

Mobile: .....

Mobile: .....

Email: .....

Email: .....

Marital Status (Married/Divorced/Separated/Sole Parent)

Marital Status (Married/Divorced/Separated/Sole Parent)

With whom does the child reside:

- [ ] Parent/Guardian 1 [ ] Parent/Guardian 2 [ ] both

EMERGENCY CONTACT INFORMATION

First contact: [ ] Parent/Guardian 1 [ ] Parent/Guardian 2

Alternate Emergency Contact (i.e. other than parents):

Billing Email: Please nominate 1 email:

Name: .....

.....

Home Phone: .....

.....

Mobile: .....

Relationship to child: .....

How did you hear about the school? .....

Are there any Court Orders affecting custody, access or financial arrangements (education related) for the child:

- No  Yes (Please provide a copy)

Are there any blended family arrangements you would like to specify: .....

Does your child have any specific needs that may impact their ability to participate in activities and education generally?

(Please specify & attach copies of any relevant documentation.)

In order to inform our Learning Support Programme, has your child had any formal psychological or educational assessment?

- No  Yes (Please specify, and attach copies of any relevant documentation.)

### STUDENT BACKGROUND INFORMATION

Schools are required to collect the following student background information for DET for use to determine the Social Economic Status of the school. The SES has a direct impact on the government funding to schools. This information is confidential and when reported to the DET is anonymous.

<b>Student</b> Country of Birth:		Nationality:	
Is the Student of Aboriginal or Torres Strait Islander origin: <input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander		Does the student speak a language other than English at home? (If more than one language, indicate the one that is spoken most often.) <input type="checkbox"/> No, English only <input type="checkbox"/> Other, please specify: .....	
<b>Parent/Guardian 1</b>		<b>Parent/Guardian 2</b>	
Does Parent/Guardian 1 speak a language other than English at home? (If more than one language, indicate the one that is spoken most often.) <input type="checkbox"/> No, English only <input type="checkbox"/> Other, please specify: .....		Does Parent/Guardian 2 speak a language other than English at home? (If more than one language, indicate the one that is spoken most often.) <input type="checkbox"/> No, English only <input type="checkbox"/> Other, please specify: .....	
What is the highest level of school completed: <input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below		What is the highest level of school completed: <input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below	
What is the level of the highest qualification completed: <input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced diploma/Diploma <input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> No non-school qualification		What is the level of the highest qualification completed: <input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced diploma/Diploma <input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> No non-school qualification	
What is the occupation group of Parent/Guardian 1. If the person is not currently in paid work but has had a job in the last 12 months or has retired in the last 12 months, please use the person's last occupation. If the person has not been in paid work in the last 12 months, enter '8' below. <input type="checkbox"/> 1: Senior management in large organisations, government admin and defence, and qualified professionals <input type="checkbox"/> 2: Other business managers, arts, media, sports persons & associate professionals <input type="checkbox"/> 3: Tradespersons, clerks, skilled office, sales & service staff <input type="checkbox"/> 4: Machine operators, hospitality staff, assistants, labourers, and related workers. <input type="checkbox"/> 8: Not in paid work for last 12 months.		What is the occupation group of Parent/Guardian 2. If the person is not currently in paid work but has had a job in the last 12 months or has retired in the last 12 months, please use the person's last occupation. If the person has not been in paid work in the last 12 months, enter '8' below. <input type="checkbox"/> 1: Senior management in large organisations, government admin and defence, and qualified professionals <input type="checkbox"/> 2: Other business managers, arts, media, sports persons & associate professionals <input type="checkbox"/> 3: Tradespersons, clerks, skilled office, sales & service staff <input type="checkbox"/> 4: Machine operators, hospitality staff, assistants, labourers, and related workers. <input type="checkbox"/> 8: Not in paid work for last 12 months.	

## MEDICAL INFORMATION

Is your child immunised against childhood diseases?

Yes -> **Please attach a copy of your current Immunisation History Statement.**

No -> Note: Per NSW Government Legislation, from 1<sup>st</sup> January 2018 children who are not immunised are unable to enrol in Childcare centres in NSW.

Does your child have any pre-existing medical conditions?

No

Yes -> **Please specify, and provide a complete Medical Action Plan or details as necessary.**

Allergies    Anaphylaxis    Asthma    Diabetes    Epilepsy    Other condition

Details: .....

.....

Medicare No: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ Number on card: .....

### APPLICATION FEE PAYMENT DETAILS - \$110 per application (non-refundable)

**Please indicate how the \$110 application fee will be paid**

Cash (in person at the school office)

Cheque Payment (made payable to Lorien Novalis School)

Eftpos (in person at the school office)

Direct Deposit - Name: Lorien Novalis School BSB: 062 313 Account Number: 10068164

MYOB Payby or BPay (Invoice will be emailed)

Payment by credit card – Please circle: Mastercard / Visa

Card# \_/ \_/ \_/ \_/ \_/ \_/ \_/ \_/ \_/ \_/ \_/ \_/ \_/ \_/ \_/ \_/ \_/

Amount: \_\_\_\_\_ Verification Code: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Card Holder Name: \_\_\_\_\_ Signature: \_\_\_\_\_

### SUPPORTING DOCUMENTATION CHECKLIST

**As part of the Application for enrolment, the following documents are required. Please indicate you have attached:**

Copy of Birth Certificate (*Australian Resident*)

Two most recent school reports (*if child has attended another school*)

Copy of Visa and Passport (*if non-Australian resident*)

Specific Needs Documentation (*if answered yes*)

Copy of Permanent Residency (*if applicable*)

Learning Support Needs Documentation (*if answered yes*)

Court Orders (*if answered yes*)

Medicare Immunisation History Statement

Medical or Specialist Reports/Medical Action Plan (*if answered yes*)

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**OFFICE USE ONLY:**

Application Date:	Application Fee Paid:	Enrolment Fee Paid:	
Edumate Student No:	Family Biller Id:	Student Register No:	MYOB Entry:
Leaving Notice Date:	Leaving Date:	Leaving Class:	Leaving to: