

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  Second Name:				
Gender: □ M □ F □ other	Current School:Class:				
Date of Entry:	Is the child an Australian Citizen:  Yes Please attach a copy of their Birth Certificate  No Please attach a copy of Passport & Visa documents  Resident status: Permanent Temporary  Visa type: Student Working				
1 2 3 4 5 6 7 8 9 10 11 12					
Parent/Guardian 1 Surname:	Parent/Guardian 2 Surname:				
First Name:	First Name:				
Postal Address (if different from above):	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:	EMERGENCY CONTACT INFORMATION				
☐ Parent/Guardian 1 ☐ Parent/Guardian 2 ☐ both	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 financia ☐ No ☐ Yes (Please provide a copy)	al arrangements (education related) for the child:							
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 or □ No □ Yes (Please specify, and attach copies of any relevant doc	· · · · · · · · · · · · · · · · · · ·							
Schools are required to collect the following student background informations. The SES has a direct impact on the government funding to school anonymous.								
<b>Student</b> Country of Birth:	Nationality:							
Is the Student of Aboriginal or Torres Strait Islander origin:  □ No □ Yes, Aboriginal □ 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.)  □ No, English only □ Other, please specify:							
	= 0 and product of the control of th							
Parent/Guardian 1	Parent/Guardian 2							
Parent/Guardian 1  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.)  No, English only Other, please specify:								
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.)  No, English only	Parent/Guardian 2  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.)  □ No, English only							
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.)  No, English only Other, please specify:  What is the highest level of school completed: Year 12 or equivalent Year 11 or equivalent Year 10 or equivalent	Parent/Guardian 2  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.)  No, English only Other, please specify:  What is the highest level of school completed: Year 12 or equivalent Year 10 or equivalent Year 10 or equivalent							

		MED	DICAL	INFORMATION			
Is	s your child immunised aga ☐ <b>Yes -&gt; Please a</b> ta ☐ No		t Immu	nisation History Statement.			
C	□ No □ Yes -> Please sp □ Allergies Details:	Anaphylaxis Asthn	ete Me ma 🛚	dical Action Plan or details as Diabetes □ Epilepsy □ Ot	ther co	ndition	
N	Medicare No:	E	Expiry D	ate: Num	nber on	card:	
	APPLICATION FEE PA	YMENT DETAILS - \$110	) (non	-refundable) payable ond	ce per	family group appl	ication
F	Please indicate how the \$1	110 application fee will be	paid				
1 1 1 1	☐ Eftpos (in person at the ☐ Direct Deposit - Name: ☐ MYOB Payby or BPay (In ☐ Payment by credit card - Card#///////// Card Holder Name: Vectors part of the Application in the property of the p	payable to Lorien Novalis S school office)  Lorien Novalis School BSB: proice will be emailed)  Please circle: Mastercard perification Code:  SUPPORTING  for enrolment, we may recomment.	/ Visa/ E  DOCU		Γ a stud	ent's current school.	
ר	he following documents	are required on application	ı. Pleas	e indicate you have attached	d where	e relevant:	
[	☐ Copy of Birth Certificate	(Australian Resident)		☐ Students Class 10-12 NESA number:			
☐ 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)				
a court orders (if unswered yes)			☐ Medicare Immunisation History Statement ☐ Medical or Specialist Reports/Medical Action Plan (if answered yes)				
1	☐ Two most recent school	reports	Ц	dedical or Specialist Reports/I	Medica	al Action Plan (if answere	ed yes)
P	6-460a Old Northern Rd, E D Box 82, Round Corner SW, Australia 2158	)ural				Ph: 02 96 info@lorien.nsw www.lorien.nsw	.edu.au
	OFFICE USE ONLY:	T					
	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:	