

Kindy & Primary School

2024 APPLICATION FORM



Today's Date _____

CHILD'S DETAILS			
Surname		Given Name(s)	
Date of Birth		Gender	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> non-binary
Language(s) spoken at home other than English:			
Australian Citizen: <input type="checkbox"/> Y <input type="checkbox"/> N		If no, Visa Type and Number:	
Do you identify as an Aboriginal or Torres Strait Islander: <input type="checkbox"/> Y <input type="checkbox"/> N			
ALLERGIES/DIETARY REQUIREMENTS/SPECIAL NEEDS			
Does your child have any of the following special needs: <input type="checkbox"/> Y <input type="checkbox"/> N			
If yes, please provide details below:			
Allergies:			
.....			
.....			
Required Medications:			
.....			
.....			
Physical/Sensory:			
.....			
.....			
Sight/Hearing:			
.....			
.....			
Speech:			
.....			
.....			
Psychological:			
.....			
.....			
Behavioural/Safety:			
.....			
.....			
Medic Alert Bracelet <input type="checkbox"/> Y <input type="checkbox"/> N			
Does your child have a Diagnosis? <input type="checkbox"/> Y <input type="checkbox"/> N			
If Yes, diagnostic reports must be provided			
<i>Relevant details relating to or involving the student (e.g. family structure, ill health, physical disability, allergies, other learning requirements), must accompany this application. In cases of special learning requirements, the School needs to be fully informed in order to provide adequate support for your child should a place be offered. The School reserves the right to consider termination of the enrolment if relevant material is not disclosed.</i>			

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SCHOOL HISTORY	
Present/Previous School	Current Class
Reason for change of school	
Why have you chosen to apply at HRSS?	
How did you hear about our School?	
Copies of last two (2) school reports to be provided	

APPLICATION DETAILS				
	<input type="checkbox"/> Kindy 4 2 full days p/week	<input type="checkbox"/> Kindy 5 4 full days p/week	<input type="checkbox"/> Kindy 6 5 full days p/week	<input type="checkbox"/> Primary
				<input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3 <input type="checkbox"/> Class 4 <input type="checkbox"/> Class 5 <input type="checkbox"/> Class 6 <input type="checkbox"/> Class 7
Start Year:	<input type="checkbox"/> 2024	<input type="checkbox"/> 2025	<input type="checkbox"/> 2026	<input type="checkbox"/> 2027
Start Term:	<input type="checkbox"/> Term 1	<input type="checkbox"/> Term 2	<input type="checkbox"/> Term 3	<input type="checkbox"/> Term 4
I/WE ARE COMMITTED TO A STEINER EDUCATION FOR OUR CHILD FOR				
<input type="checkbox"/> Up to Kindergarten / Pre-Primary Only	<input type="checkbox"/> Primary School			

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PARENT 1 / GUARDIAN 1 DETAILS			
Surname		First Name	
Address			
Home / Mobile		Work / Mobile	
Email		Relationship to child	
Nationality		Indigenous Status	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date of Birth		Occupation	
Highest School Level		Secondary/Tertiary Education	
Skills and other interests (eg for Participation Hours)?			
PARENT 2 / GUARDIAN 2 DETAILS			
Surname		First Name	
Address			
Home / Mobile		Work / Mobile	
Email		Relationship to child	
Nationality		Indigenous Status	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date of Birth		Occupation	
Highest School Level		Secondary / Tertiary Education	
Skills and other interests (eg for Participation Hours)?			
ADDITIONAL INFORMATION			
Family / Custody / Court / Restraining Order <input type="checkbox"/> Y <input type="checkbox"/> N (If Yes, please provide School with a copy)			
Child primarily resides with:			
Family Contact Person for School Communications:			
Family Contact Person Responsible for Payment of Fees (name, email and phone details required if not already listed above):			

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EMERGENCY CONTACT DETAILS / AUTHORITY TO COLLECT			
Name		Relationship to Child	
Phone		Address	
Name		Relationship to Child	
Phone		Address	
Name		Relationship to Child	
Phone		Address	

MEDICAL DETAILS	
Child's Medicare Number	
Medicare Number Expiry Date	
Family Doctor / Clinic Name	
Address	
Phone	
Has your child received all scheduled Immunisations? <input type="checkbox"/> Y <input type="checkbox"/> N (Please provide Immunisation History Statement)	

SIBLINGS	
Name	
Date of Birth	School
Name	
Date of Birth	School
Name	
Date of Birth	School

PRIVACY NOTICE

INFORMATION COLLECTION NOTICE:

- i. The School collects personal information, including sensitive information about pupils and parents or guardians before and during the course of a pupil's enrolment at the School. This may be in writing or in the course of conversations. The primary purpose of collecting this information is to enable the School to provide schooling to the pupil and to enable them to take part in all the activities of the School.
- ii. Some of the information we collect is required to satisfy the School's legal obligations and compliance, particularly in enabling the School to discharge its duty of care.
- iii. Laws governing or relating to the operation of a school require certain information to be collected and disclosed. These include relevant Education and Care Acts, Education Acts, Public Health and Child Protection laws.
- iv. Health information about pupils is sensitive information within the terms of the Australian Privacy Principles under the Privacy Act. We may ask you to provide medical reports about pupils from time to time.
- v. The School may from time to time disclose personal and sensitive information to other parties for administrative and educational purposes, for example completing an Education Department census or facilitating the transfer of a pupil to another school. This may also include, government departments, medical practitioners, and people providing services to the School, including specialist visiting teachers, sports coaches, volunteers and counsellors.
- vi. Personal information collected from pupils is regularly disclosed to their parents or guardians.
- vii. The School's Privacy Policy sets out how parents or pupils may seek access to personal information collected about them. However, there will be occasions when access is denied. Such occasions would include where access would have an unreasonable impact on the privacy of others, where access may result in a breach of the School's duty of care to the pupil, or where pupils have provided information in confidence.
- viii. The School Privacy Policy also sets out how you may complain about a breach of privacy and how the School will deal with such a complaint.
- ix. As you may know the School from time to time engages in fundraising activities. Information received from you may be used to make an appeal to you. It may also be disclosed to organisations that assist in the School's fundraising activities solely for that purpose. We will not disclose your personal information to third parties for their own marketing purposes without your consent.
- x. On occasions, information such as academic and sporting achievements, pupil activities and similar news is published in School newsletters and magazines [and on our website]. Photographs of pupil activities such as festivals, school camps and school excursions may be taken for publication in School newsletters and magazines and on our website.
- xi. We may include pupils' and pupils' parents' contact details in a class list and School directory.
- xii. If you provide the School with the personal information of others, such as doctors or emergency contacts, we encourage you to inform them that you are disclosing that information to the School and why, that they can access that information if they wish and that the School does not usually disclose this information to third parties.



PERMISSIONS

By signing below, I/we confirm that:

- i. Details provided in this application form are true and correct. And that I/we will notify the school of any changes as soon as practicable.
- ii. I/we understand and accept that the completion of this application/enrolment form does not guarantee an enrolment. Successful applicants will be determined in accordance with the school's enrolment criteria.
- iii. I/we are committed to supporting the provision of Steiner education for our child, both financially and pedagogically and understand that continued enrolment is dependent on this support being provided.
- iv. I/we acknowledge that Helena River Steiner School follows the Australian Steiner Curriculum Framework which has been recognised by the Federal and State Governments.
- v. I/we understand that the curriculum meets the same outcomes as the Australian Curriculum but there may be differences concerning when some content is covered which may have implications for our child if transferring from/to a Steiner school, particularly in the early years.
- vi. I/we authorise Helena River Steiner School to seek medical, dental and ambulance treatment for my child in an emergency. I/we authorise Helena River staff to administer prescribed medication to my child supplied by me/us to the doctor's specifications.
- vii. I/we give permission for Helena River to administer homeopathic remedies or paracetamol in the event my child presents with a fever and listed contacts are unreachable.
- viii. I/we will advise Helena River of any allergies / additional needs / requirements / waivers / or special permissions in writing or via email.
- ix. I/we give permission for my child to go on regular walks in the local vicinity with the full supervision of staff.
- x. By enrolling our child at Helena River Steiner School, I/we commit to the ongoing development of the school and will do so by contributing 4 hours of our time per term in the capacity we are able to as per the Parent Participation Scheme.
- xi. I/we understand that if we are not able to do our Parent Participation Hours in any given term, we will be charged the Participation Hours Cash in Lieu Fee as described in the Fee Schedule.
- xii. On acceptance of an enrolment, I/we and/or our child may have our photo taken during sessions or festivals through the year. I/we agree for any photos taken to be used by Helena River Steiner School through the means of our website, newsletter, social media or promotional materials.
- xiii. I/we understand that once offered a place and enrolled, this enrolment will be ongoing for the remainder of the year and subsequent years. If I/we wish to withdraw our child, one full term's notice must be given, or one term's equivalent fees will be charged in lieu. I/we agree to make term fee payments by the specified time and that failing to make those payments, will incur a higher rate. Furthermore, any costs incurred by chasing unpaid fees will be borne by us.

Mother/Guardian's Signature

Father/Guardian's Signature

Date

Date

**both parent signatures are required only if parents are separated and have equal parental responsibility*

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PAYMENT			
In order to register a student for enrolment, an Application Form must be completed and a fee of \$50.00 paid. This fee is non-refundable and covers the administration costs associated with enrolments and interviews.			
Account Details: Helena River Steiner School	BSB: 633-000	Acct: 152498994	Description: Child Surname and First Name
Receipt Number:		<input type="checkbox"/> Cash <input type="checkbox"/> Bank Transfer	Payment Made by:

CHECKLIST	
Application Fee Paid? Copy of receipt included?	<input type="checkbox"/> Y <input type="checkbox"/> N
Copy of Child's Birth Certificate provided (if not born in Australia, proof of Citizenship or Residency to be provided)?	<input type="checkbox"/> Y <input type="checkbox"/> N
Copy of Child's Passport and Visa (if not Australian Citizen) provided?	<input type="checkbox"/> Y <input type="checkbox"/> N/A
Copy of Child's Immunisation History Statement	<input type="checkbox"/> Y <input type="checkbox"/> N
Copy of Family / Court / Order documents provided?	<input type="checkbox"/> Y <input type="checkbox"/> N/A
Copies of last two (2) school reports provided? (if applicable)	<input type="checkbox"/> Y <input type="checkbox"/> N
Copy of any Diagnostic Reports (if applicable)	<input type="checkbox"/> Y <input type="checkbox"/> N/A

OFFICE USE ONLY			
Date application received:		Class level classification:	
Application for Enrolment fee paid: \$		Receipt number:	
Comments:			