

# KINDY & PRIMARY SCHOOL

## 2026 APPLICATION FORM

Today's Date \_\_\_\_\_



| STUDENT'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"/> N <input type="checkbox"/> Y                                         |                                                                                                  |
| If No, Visa Subclass number                                                                                      | If applicable, Visa number                                                                       |
| Do you identify as an Aboriginal or Torres Strait Islander <input type="checkbox"/> N <input type="checkbox"/> Y |                                                                                                  |

| APPLICATION DETAILS                                                                                                                                                           |                                                                                                                                                                                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| KINDERGARTEN                                                                                                                                                                  | PRIMARY SCHOOL                                                                                                                                                                                                                                  |
| <input type="checkbox"/> Kindy 4 - 2 full days per week<br><input type="checkbox"/> Kindy 5 - 4 full days per week<br><input type="checkbox"/> Kindy 6 - 5 full days per week | <input type="checkbox"/> Class 1 <input type="checkbox"/> Class 5<br><input type="checkbox"/> Class 2 <input type="checkbox"/> Class 6<br><input type="checkbox"/> Class 3 <input type="checkbox"/> Class 7<br><input type="checkbox"/> Class 4 |
| Start Year <input type="checkbox"/> 2025 <input type="checkbox"/> 2026                                                                                                        | <input type="checkbox"/> 2027 <input type="checkbox"/> 2028                                                                                                                                                                                     |
| 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 Kindy 6 only                                                                                                                                   | <input type="checkbox"/> Primary School                                                                                                                                                                                                         |

| SCHOOL HISTORY                                                                                         |
|--------------------------------------------------------------------------------------------------------|
| Present / previous school name                                                                         |
| Current class level                                                                                    |
| Reason for change of school                                                                            |
| Why have you chosen to apply for enrolment at HRSS?                                                    |
| How did you hear about our School?                                                                     |
| Please provide copies of last two school reports <input type="checkbox"/> N <input type="checkbox"/> Y |

| STUDENT'S MEDICAL                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| Child's Medicare Number                                                                                                                                                                                                                                                                                                                                                                                                                                                | Child's Medicare Expiry Month and Year                      |
| Family Doctor and Clinic Name                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                             |
| Family Doctor Clinic Address                                                                                                                                                                                                                                                                                                                                                                                                                                           | Phone                                                       |
| Has your child received all scheduled Immunisations? <input type="checkbox"/> N <input type="checkbox"/> Y                                                                                                                                                                                                                                                                                                                                                             |                                                             |
| Please provide Immunisation History Statement                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                             |
| Does your child have any of the following special needs? If yes, please provide details below.                                                                                                                                                                                                                                                                                                                                                                         |                                                             |
| Asthma                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> N <input type="checkbox"/> Y _____ |
| Allergies                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> N <input type="checkbox"/> Y _____ |
| Physical / Sensory                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> N <input type="checkbox"/> Y _____ |
| Sight / Hearing                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> N <input type="checkbox"/> Y _____ |
| Speech                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> N <input type="checkbox"/> Y _____ |
| Psychological                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> N <input type="checkbox"/> Y _____ |
| Behavioural / Safety                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> N <input type="checkbox"/> Y _____ |
| Required Medications                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> N <input type="checkbox"/> Y _____ |
| Medic Alert Bracelet                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> N <input type="checkbox"/> Y _____ |
| Does your child have a Diagnosis? <input type="checkbox"/> N <input type="checkbox"/> Y If Yes, diagnostic reports must be provided.                                                                                                                                                                                                                                                                                                                                   |                                                             |
| 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. |                                                             |

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| PARENT / GUARDIAN 1 DETAILS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Surname                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | First Name                                                                                                                                                                                                                                                                          |
| Residential Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                     |
| Postal Address <input type="checkbox"/> As above <input type="checkbox"/> Other (please provide)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                     |
| Personal Mobile                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Work Phone / Mobile                                                                                                                                                                                                                                                                 |
| Email                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Relationship to child                                                                                                                                                                                                                                                               |
| Nationality                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Indigenous Status <input type="checkbox"/> N <input type="checkbox"/> Y                                                                                                                                                                                                             |
| Date of Birth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Occupation                                                                                                                                                                                                                                                                          |
| Highest School Level <input type="checkbox"/> Year 12 or equivalent<br><input type="checkbox"/> Year 11 or equivalent<br><input type="checkbox"/> Year 10 or equivalent<br><input type="checkbox"/> Year 9 or equivalent or lower                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Tertiary Education <input type="checkbox"/> Bachelor Degree or above<br><input type="checkbox"/> Advanced Diploma / Diploma<br><input type="checkbox"/> Certificate I to IV (including Trade)<br><input type="checkbox"/> Non school qualification<br><input type="checkbox"/> None |
| Skills and other interests (eg. for Participation Hours)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                     |
| PARENT / GUARDIAN 2 DETAILS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                     |
| Surname                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | First Name                                                                                                                                                                                                                                                                          |
| Residential Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                     |
| Postal Address <input type="checkbox"/> As above <input type="checkbox"/> Other (please provide)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                     |
| Home / Mobile                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Work / Mobile                                                                                                                                                                                                                                                                       |
| Email                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Relationship to child                                                                                                                                                                                                                                                               |
| Nationality                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Indigenous Status <input type="checkbox"/> N <input type="checkbox"/> Y                                                                                                                                                                                                             |
| Date of Birth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Occupation                                                                                                                                                                                                                                                                          |
| Highest School Level <input type="checkbox"/> Year 12 or equivalent<br><input type="checkbox"/> Year 11 or equivalent<br><input type="checkbox"/> Year 10 or equivalent<br><input type="checkbox"/> Year 9 or equivalent or lower                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Tertiary Education <input type="checkbox"/> Bachelor Degree or above<br><input type="checkbox"/> Advanced Diploma / Diploma<br><input type="checkbox"/> Certificate I to IV (including Trade)<br><input type="checkbox"/> Non school qualification<br><input type="checkbox"/> None |
| Skills and other interests (eg. for Participation Hours)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                     |
| ADDITIONAL INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                     |
| Family / Custody / Court / Restraining Order <input type="checkbox"/> N <input type="checkbox"/> Y (If Yes, please provide School with a copy)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                     |
| Child primarily resides with <input type="checkbox"/> Parent/Guardian 1 <input type="checkbox"/> Parent/Guardian 2 <input type="checkbox"/> Both                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                     |
| Family contact person for school communications <input type="checkbox"/> Parent/Guardian 1 <input type="checkbox"/> Parent/Guardian 2 <input type="checkbox"/> Both                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                     |
| Family contact person responsible for payment of fees <input type="checkbox"/> Parent/Guardian 1 <input type="checkbox"/> Parent/Guardian 2 <input type="checkbox"/> Both<br><input type="checkbox"/> Other (please provide name, email and phone details)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                     |
| <p>When you enrol your child at Helena River Steiner School, the Parents/Guardians listed on the Enrolment Form automatically become members of the Helena River Steiner School Association. By law, the Association is required to keep an up-to-date Register of Members. This Register records the names and contact details of all members, and any member has the legal right to view and request a copy of it by making a written request.</p> <p>To help us meet these obligations, please advise how you would like your contact details to appear on the Association Register. Please select <b>one</b> of the following per Parent/Guardian:</p> <p>Parent/Guardian 1: <input type="checkbox"/> Postal Address <input type="checkbox"/> Email address <input type="checkbox"/> Residential address</p> <p>Parent/Guardian 2: <input type="checkbox"/> Postal Address <input type="checkbox"/> Email address <input type="checkbox"/> Residential address</p> <p><b>Please note:</b> The Register of Members is maintained solely to meet our legal obligations as an Incorporated Association. It is not used for marketing purposes, and it cannot be accessed freely. Members may only view or request a copy of the Register by submitting a formal written request.</p> |                                                                                                                                                                                                                                                                                     |

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| EMERGENCY CONTACT / AUTHORITY TO COLLECT PERSON 1 |                       |
|---------------------------------------------------|-----------------------|
| Name                                              | Relationship to Child |
| Phone                                             | Residential Address   |
| EMERGENCY CONTACT / AUTHORITY TO COLLECT PERSON 2 |                       |
| Name                                              | Relationship to Child |
| Phone                                             | Residential Address   |
| EMERGENCY CONTACT / AUTHORITY TO COLLECT PERSON 3 |                       |
| Name                                              | Relationship to Child |
| Phone                                             | Residential Address   |

| SIBLING 1 |               |        |
|-----------|---------------|--------|
| Name      | Date of Birth | School |
| SIBLING 2 |               |        |
| Name      | Date of Birth | School |
| SIBLING 3 |               |        |
| Name      | Date of Birth | School |

| PRIVACY NOTICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>INFORMATION COLLECTION NOTICE:</b></p> <ol style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>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.</li> <li>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.</li> <li>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.</li> <li>Personal information collected from pupils is regularly disclosed to their Parents or Guardians.</li> <li>The School's Privacy Policy sets out how Parents/Guardians 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.</li> <li>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.</li> <li>From time to time, the School 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.</li> <li>On occasion, information such as academic and sporting achievements, pupil activities and similar news is published in School newsletters 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 on our website.</li> <li>We may include pupils' and pupils' Parents' contact details in a class list and School directory.</li> <li>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.</li> </ol> |
| <p>I/we have read and understood the above Privacy Notice <input type="checkbox"/> N <input type="checkbox"/> Y</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

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## 2026 APPLICATION FORM



### PERMISSIONS

By ticking each item below, I/we confirm our consent:

- ☐ I/we give permission for any First Aid the School feels necessary at the time to be administered to my child. In the event of any serious injury, illness or symptom, the School will endeavour to contact a Parent/Guardian as soon as possible. However, appropriate emergency care may be authorised by the School, if necessary.
- ☐ I/we authorise Helena River Steiner School to seek medical, dental and ambulance treatment for my child in an emergency. I/we understand and accept that all associated costs will be my/our responsibility.
- ☐ I/we give permission for my child to go on walks in the local vicinity, up to 3km radius of the School campus, with the full supervision of staff and prior notice to Parents/Guardians/Care-givers.
- ☐ 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.

### ACKNOWLEDGEMENTS

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 will advise Helena River of any allergies / additional needs / requirements / waivers / or special permissions in writing or via email.
- vii. 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 5 hours of our time per semester in the capacity we are able to as per the Parent Participation Scheme as described in the Fee Schedule.
- viii. 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.

|                                      |                                      |
|--------------------------------------|--------------------------------------|
| <b>Parent/Guardian 1's signature</b> | <b>Parent/Guardian 2's signature</b> |
| <b>Date</b>                          | <b>Date</b>                          |

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

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## 2026 APPLICATION FORM



### APPLICATION FEE PAYMENT

In order to register a student for enrolment, an Application Form must be completed and a fee of \$50 paid. This fee is non-refundable and covers the administration costs associated with enrolments and interviews.

|                                                                                                      |                                                  |
|------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| <b>Bank Transfer to Helena River Steiner School<br/>BSB 633 000 Acct 152498994</b>                   | <b>Description: Child Surname and First Name</b> |
| <input type="checkbox"/> Bank Transfer <input type="checkbox"/> Cash <input type="checkbox"/> EFTPOS | Payment made by                                  |
| Payment date                                                                                         | Receipt number                                   |

### CHECKLIST

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

### OFFICE USE ONLY

|                                       |                            |
|---------------------------------------|----------------------------|
| Date application received             | Class level classification |
| Application for Enrolment fee paid \$ | Receipt number             |
| Comments                              |                            |

### SUBMIT FORM

On completion of this Application Form, submit via email to [enrolments.hr@hrss.wa.edu.au](mailto:enrolments.hr@hrss.wa.edu.au)  
or deliver a printed copy to the Helena River Steiner School administration Office at  
13 Stirling Crescent, Hazelmere.