



APPLICATION FOR ENROLMENT

STUDENT DETAILS			
Family Name		Date of Birth	
Given Names		Gender	
Proposed Class of Entry		Proposed start date	
Current School (if applicable)		Year	
Home Address		Postcode	
Home Telephone Number		Mobile Telephone Number	
Siblings (+ages)			
Is the student Aboriginal or Torres Strait Islander?	Yes	No	

	PARENT/GUARDIAN ONE	PARENT/GUARDIAN TWO
Family Name		
Given name/s		
Title (e.g. Mr, Mrs, Ms.)		
Occupation		
Home address		
Home phone		
Mobile no.		
Email		

How did you become aware of our school? *(advertising, word of mouth, prior knowledge, Open Day, etc.)*

- | | |
|---|---|
| <input type="checkbox"/> Radio Advertisement
<input type="checkbox"/> Website
<input type="checkbox"/> Friends
<input type="checkbox"/> Other: Please specify..... | <input type="checkbox"/> Social Media
<input type="checkbox"/> Local Knowledge
<input type="checkbox"/> Spring Fair |
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FOR KINDERGARTEN STUDENTS ONLY

What type of care has your child received prior to this application?
 Long Day Care / Family day care Early Kindergarten / Pre-school
 Occasional care Other Care e.g. parent at home, relative, playgroup, other carer

What was the amount of formal care provided each week for your child:
 Up to 6 hours per week Up to 12 hours per week
 12 hours to fulltime each week

Name of Preschool, Long Day Care Centre or other formal care service:
 Days AttendedYear/s of attendance

TO BE COMPLETED FOR ALL STUDENTS

Were there any special provisions made for your child in his/her previous preschool/school:

- Yes No Supportive teaching and learning strategies/learning support
- Yes No A reader or scribe/access to assistive technology
- Yes No Modifications to equipment, furniture and learning spaces
- Yes No Personal Carer support
- Yes No Wellbeing Support
- Yes No Behaviour Management Support
- Yes No Other

If yes, please give details

What may be required for your child in this school?

SPECIAL NEEDS

Is your child a young person with any of the following?

Autism Spectrum Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No	A physical disability	<input type="checkbox"/> Yes <input type="checkbox"/> No
A hearing impairment	<input type="checkbox"/> Yes <input type="checkbox"/> No	An intellectual disability	<input type="checkbox"/> Yes <input type="checkbox"/> No
A vision impairment	<input type="checkbox"/> Yes <input type="checkbox"/> No	ADHD or significant difficulties in learning	<input type="checkbox"/> Yes <input type="checkbox"/> No
A language disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No	Acquired brain injury	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mental health issues	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, please provide a details description of the special needs:

PREVIOUS HISTORY

Does your child have any history of aggressive or violent behaviour? Yes No

If yes, please give details

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Has your child ever been subject to disciplinary action, suspended or expelled from any previous school? Yes No

If so, was this for any for the following:

- Violence/ act of aggression to any person/property damage
- Possession of a weapon or any item used to cause harm
- Threats of violence or intimidation of others
- Possession or distribution of illegal drugs or alcohol
- Bullying/ Cyberbullying

Please provide details:

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SPECIAL CIRCUMSTANCES

Are there any special circumstances regarding the student that the school should be aware of prior to enrolment? (E.g. court order, out of home care arranged by the State etc)? Yes No

If yes, please provide a description of the circumstances:

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STUDENT'S HISTORY RELEVANT TO RISK ASSESSMENT

Parents or guardians are required to disclose any information that may need to be taken into account by the School including medical and psychological information and disciplinary action/ significant behavioural issues raised by previous school/s or professionals. Any lack of disclosure that may become apparent during the duration of a student's enrolment at the school may cause the enrolment of the child to be terminated.

Central Coast Steiner School has a responsibility to assess and manage any risk of harm to its staff and students. To your knowledge, is there anything in your child's history or circumstances (including medical history), which might pose a risk of any type to him or her, other students, or staff at this school? Yes No

If yes, please provide a detailed description:

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HEALTH PROFESSIONALS, PREVIOUS SCHOOLS OR OTHER RELEVANT BODIES

Please provide name and contact details of health professionals, previous schools or other relevant bodies that have knowledge of any relevant issues:

Name:	Contact No:
Name:	Contact No:
Name:	Contact No:

PARENT/GUARDIAN SIGNATURE

Do you consent to Central Coast Steiner School contacting the prior school of enrolment to obtain further information in relation to your child? Yes No

I/we hereby declare that all information provided in this Application for Enrolment is true and complete:

Signature – Parent 1/Guardian:

Signature – Parent 2/Guardian:

Date:

This form is confidential and will be stored in accordance with Central Coast School's Privacy Policy.