

# Expression of Interest form

Please attach copies of the following with this form

- Birth certificate for your child
- Most recent school reports
- Any other educationally relevant reports

Please attach or email a passport size photo of your child



## Student Details

Family name		
Given names		
Preferred name	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Country of birth	Date of birth	
Current school/day-care	Nationality	
Languages spoken at home	Aboriginal Torres Strait Islander	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Proposed date of entry	Proposed class	

## Family Data *Contact details for both parents/guardians are required*

	Parent/Guardian 1	Parent/Guardian 2
Title (eg. Mr/Mrs/Ms/Dr)		
Family name		
Given names		
Relationship to child	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Other	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Other
Address		
Email address		
Telephone – mobile		
Telephone – home/work		
Kamaroi ex-student?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Occupation		
Country of birth		
Nationality		
Languages spoken		
Highest school year completed		
Highest qualification completed	<input type="checkbox"/> Bachelor Degree <input type="checkbox"/> Adv. Diploma/Diploma <input type="checkbox"/> Certificate I to V (includes trade) <input type="checkbox"/> No non-school qualification	<input type="checkbox"/> Bachelor Degree <input type="checkbox"/> Adv. Diploma/Diploma <input type="checkbox"/> Certificate I to V (includes trade) <input type="checkbox"/> No non-school qualification

## Family information

<p>1. How did you hear about Kamaroi? <i>(Please provide details)</i></p> <p><input type="checkbox"/> Friends children attend   <input type="checkbox"/> Family currently attend   <input type="checkbox"/> School Fair   <input type="checkbox"/> Facebook</p> <p><input type="checkbox"/> Web search Steiner School   <input type="checkbox"/> Web search Waldorf School</p> <p><input type="checkbox"/> Online advertisement (please specify website)</p> <p><input type="checkbox"/> Other (please specify):</p>																								
<p>2. Why are you interested in Steiner education for your child?</p>																								
<p>3. Sibling details</p>																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">4. Name</th> <th style="width: 15%;">Date of Birth</th> <th style="width: 10%;">Gender</th> <th style="width: 15%;">At Kamaroi</th> <th style="width: 25%;">Application with Kamaroi</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td><input type="checkbox"/> M <input type="checkbox"/> F</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td> </td> <td> </td> <td><input type="checkbox"/> M <input type="checkbox"/> F</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td> </td> <td> </td> <td><input type="checkbox"/> M <input type="checkbox"/> F</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </tbody> </table>					4. Name	Date of Birth	Gender	At Kamaroi	Application with Kamaroi			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<p>5. Please tell us about your child's strengths, talents and/or special interests.</p>																								
<p>6. Previous school(s) your child has attended <i>(if applicable)</i></p>																								
<p>7. Previous playgroup/preschool your child has attended <i>(if applicable)</i></p>																								
<p>8. Parental / Marital status</p>																								
<p>9. With whom does the child reside? <i>Please attach details of visit arrangements and any other blended family details you would like to include.</i></p>																								
<p>10. Are there any court orders affecting care or access to the child?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes <i>(please attach)</i></p>																								
<p>11. Is your child an Australian Citizen?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If No please provide copy of Visa or Passport showing permanent residency)</i></p>																								
<p>12. Billing address <i>(if different from home address)</i></p>																								

## Health and medical information

13. Please tick one or more of the following if your child suffers from the condition and provide details	
<input type="checkbox"/> Asthma	
<input type="checkbox"/> ADD, ADHD, ODD, OCD etc.	
<input type="checkbox"/> Allergy to Bites / Stings	
<input type="checkbox"/> Anaphylaxis reactions	
<input type="checkbox"/> Anxiety	
<input type="checkbox"/> Blood pressure	
<input type="checkbox"/> Depression	
<input type="checkbox"/> Diabetes / Hypoglycaemia	
<input type="checkbox"/> Drug allergies	
<input type="checkbox"/> Eczema	
<input type="checkbox"/> Epilepsy	
<input type="checkbox"/> Food allergies or eating disorders	
<input type="checkbox"/> Heart condition	
<input type="checkbox"/> HIV, Hepatitis A, B, C etc.	
<input type="checkbox"/> Migraines	
<input type="checkbox"/> Ointment allergies	
<input type="checkbox"/> Phobias	
<input type="checkbox"/> Respiratory condition	
<input type="checkbox"/> Other conditions	
14. Is your child currently on any medication? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes please provide details)</i>	
15. Does your child have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes please provide details)</i>	
16. Does your child have any VISION difficulties? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes please provide details)</i>	
17. Have your child's eyes been tested? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes please provide details)</i>	
18. Is there any past history of sight difficulties? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes please provide details)</i>	
19. Does your child need any special consideration with respect to sight? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes please provide details)</i>	

20. Does your child have any HEARING difficulties? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes please provide details)
21. Has your child's hearing been tested? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes please provide details)
22. Is there any past history of hearing difficulties? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes please provide details)
23. Does your child need any special consideration with respect to hearing? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes please provide details)
24. Is there past history of any chronic medical conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes please provide details)

## Mobility access and independence information

25. Does your child use any movement aids such as; wheelchair, callipers, scooter etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes please provide details)
26. Are there any mobility concerns that need to be addressed by the school? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes please provide details)
27. Does your child have any independence concerns? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes please provide details)
28. Can your child manage personal care needs independently (toilet, dressing, eating etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes please provide details)
29. Is there any other information you would like to share about your child?

## Curriculum and learning support

The following is an important declaration. We need to be fully informed in order to support your child.

30. Has your child ever received Commonwealth funding such as NDIS? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes please provide details)	
31. Has any school/education centre recommended involvement/referral/advice from another organisation? e.g. tutor, psychologist, occupational therapist, speech pathologist, learning support? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes please provide details)	
Specialist's name (s)	Details

32. Will support from external services be provided to the school?  Yes  No *(If Yes please provide details e.g. provider name, number and duration of visits per week and facilities required)*

33. Has your child ever been placed on a modified curriculum, received learning support or attended a specialist learning unit at previous schools?  Yes  No *(If Yes please provide details)*

## Behavioural information

34. Does your child have any identified behavioural/emotional issues?  Yes  No *(If Yes please provide details)*

35. Should the school be aware of any particular social / emotional needs that your child may have?  
 Yes  No *(If Yes please provide details)*

36. Has your child ever been on a behaviour management plan?  Yes  No *(If Yes please provide details)*

*Q37-41 are only for children who have already attended school*

37. Does your child require any special measures taken in relation to their behaviour and school activities?  Yes  No *(If Yes please provide details)*

38. Has your child ever been excluded from any other school?  Yes  No *(If Yes please provide details)*

39. Has your child ever been suspended from any other school?  Yes  No *(If Yes please provide details)*

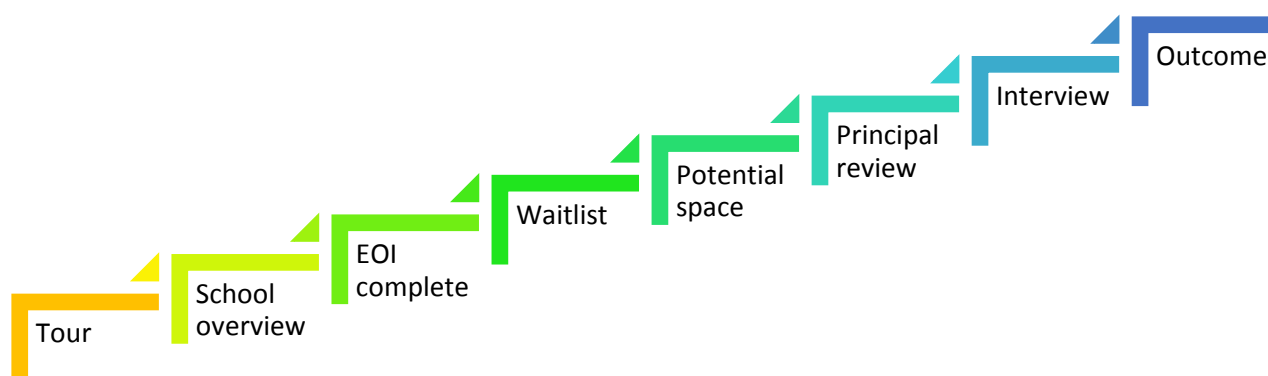
40. Has your child had any truancy concerns?  Yes  No *(If Yes please provide details)*

41. Does your child suffer from School Refusal?  Yes  No *(If Yes please provide details)*

## Privacy Statement

- I. The School collects personal information, including sensitive information about pupils and parent/guardians before and during the course of a pupil's enrolment at the school. The primary purpose of collection of this information is to enable the school to provide schooling for your child.
- II. Some of the information we collect is to satisfy the School's legal obligations, particularly to enable the School to discharge its duty of care.
- III. Certain laws governing or relating to the operation of schools require that certain information be collected. These include Public Health and Child Protection laws.
- IV. Health information about pupils is sensitive information within the terms of the National Privacy Principles under the Privacy Act. We may ask you to provide additional medical reports.
- V. The School from time to time discloses personal and sensitive information to others for administrative and education purposes. This includes to other schools, government departments, medical practitioners and people providing services to the School, including specialist visiting teachers, sports coaches and volunteers if the application is successful.
- VI. Parent/guardians may seek access to personal information collected about them and their children by contacting the School. However, there will be occasions when such 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, or where information has been provided in confidence.
- VII. We will not disclose your personal information to third parties for their own marketing purposes without your consent.
- VIII. 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.
- IX. If we do not obtain the information referred to above we may not be able to enrol or continue the enrolment of your child.

## Enrolment Procedure



A non-refundable Expression of Interest Fee of \$115 per child is payable at the time this form is lodged.

If offered a place, a non-refundable Enrolment Fee of \$840, plus a \$1000 bond is payable to confirm acceptance and before a student commences at Kamaroi Rudolf Steiner School.

Full completion of EOI, date submitted, child's readiness, class applied for and existing needs of the class are all factors taken into account as part of the enrolment procedure.

## Agreement

I/We understand the conditions outlined in this form and the fees payable.

### Signature of both Parents/Guardians required

(Unless otherwise documented in the EOI)

	Parent/Guardian 1	Parent/Guardian 2
Signature		
Date		

Please return the completed EOI and supporting documents to registrar@kamaroi.nsw.edu.au or mail to address below

The Registrar  
Kamaroi Rudolf Steiner School  
220 Forest Way  
Belrose NSW 2085

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### Application Fee \$115 *(Please indicate method of payment)*

- Cash                       Cheque payable to 'Kamaroi Rudolf Steiner School'  
 Internet transfer        *Westpac Chatswood; BSB 032 290; Account Number 530910;  
Reference: Child's Name*  
 Credit Card                 VISA    MasterCard

Credit Card number \_\_\_\_\_ Expiry date \_\_\_\_\_

Name on Credit Card \_\_\_\_\_ CSV \_\_\_\_\_