



MOUNT BARKER  
WALDORF SCHOOL

# APPLICATION FOR ENROLMENT CONFIDENTIAL FAMILY INFORMATION

NAME OF CHILD: .....

DATE OF BIRTH: .....

## CHECKLIST

Your application is eligible for assessment when you have done the following:

- Sign the last two pages of the Application for Enrolment Form.
- Completed page 1 of the **Release of Information Permission Form**.
- Included a **copy** of your child's two (2) most recent school/early learning centre reports (*not relevant if your child is not old enough to attending school/an early learning centre*)
- Included a **copy** of all special needs assessments/reports (*if relevant - e.g., Psychological assessment, specialist report, learning support program*)
- Included the application fee of \$65.00 for one child \$100.00 per family (which is non-refundable). Each child needs an Application for Enrolment Form.

**IMPORTANT: YOUR APPLICATION WILL NOT BE ELIGIBLE FOR ASSESSMENT IF YOU DO NOT INCLUDE/COMPLETE ALL ITEMS LISTED ABOVE**

### ENTRY DETAILS – OFFICE USE ONLY

DATE :

CLASS / YEAR LEVEL :

APPLICATION FOR ENROLMENT FEE PAID: \$

RECEIPT NO:

LETTER SENT:  WAITING LIST:  PLAYGROUP WAITING LIST:  PC SCHOOL:

**STUDENT INFORMATION**

Child's Surname:

Given Names:

Date of birth:

Gender:

Child resides with: *(if more than one household, please detail arrangements)*Australian Citizen:  Yes  No → Visa Class and No: ..... Country of Birth:.....

Please attach a copy of visa

Aboriginal:  Yes  NoTorres Strait Islander:  Yes  No*(For persons of both Aboriginal and Torres Strait Islander origin, please tick both boxes)*

Other culture with which the family identifies:

Does the child communicate effectively in English for their age?  Yes  No → *please answer a) & b) below*a) Is your child attending a language school?  No  Yes → .....b) Does your child need assistance to enhance communication?  No  Yes → .....Does your child speak any languages other than English at home  No  Yes → .....**Current Year Level:**Would you like your child to be added to Playgroup Waiting List  Yes  No

Previous School/s: 1.

2.

Student's mobile number (if applicable):

Medicare No:

Student's Health Care Card No (if applicable):

**PARENT A / GUARDIAN A DETAILS**

Surname:

First Name:

Address:

Postcode:

Postal Address: (If different from above)

Postcode:

Home Phone:

Mobile:

Work Phone:

Occupation:

Email:

Relationship to Child:

Aboriginal:  Yes  NoTorres Strait Islander:  Yes  NoAustralian Citizen:  Yes  No → Visa Class and No: ..... Country of Birth:.....

Please attach a copy of visa

**PARENT B / GUARDIAN B DETAILS**

Surname:		First Name:	
Address:			Postcode:
Postal Address: (If different from above)			Postcode:
Home Phone:	Mobile:	Work Phone:	
Occupation:	Email:		
Relationship to Child:			
Aboriginal: <input type="checkbox"/> Yes <input type="checkbox"/> No		Torres Strait Islander: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Australian Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No → Visa class and No: .....		Country of Birth:	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">Please attach a copy of your visa</div>			

**PARENT C / GUARDIAN C – DETAILS** *(please leave blank if not relevant)*

Surname:		First Name:	
Address:			Postcode:
Postal Address: (If different from Above)			Postcode:
Home Phone:	Mobile:	Work Phone:	
Occupation:	Email:		
Relationship to Child:			
Aboriginal: <input type="checkbox"/> Yes <input type="checkbox"/> No		Torres Strait Islander: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Australian Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No → Visa class and No: .....		Country of Birth:	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">Please attach a copy of your visa</div>			

**SIBLING DETAILS**

Please indicate whether you wish your children to be added to the Waiting List  
*(Please note that each child needs a separate Application for Enrolment Form)*

Name:	DOB:	Sex:	W/L Yes/No
Name:	DOB:	Sex:	W/L Yes/No
Name:	DOB:	Sex:	W/L Yes/No
Name:	DOB:	Sex:	W/L Yes/No

In which year do you hope your child can start at the Mount Barker Waldorf School? \_\_\_\_\_

**PARENTING/CUSTODY/COURT ORDERS**

Are there any Parenting Orders in place for this student?  No  Yes

*(If ticked yes - please provide brief details and attach a copy of the Parenting Order)*

Are there any Restraining Orders or other Court Orders in place for this student other than those mentioned above?

No  Yes *(please provide brief details and attach a copy of the relevant Order)*

**FAMILY QUESTIONNAIRE**

**Why have you chosen to apply to enrol at Mount Barker Waldorf School?** *(Please tick no more than three)*

- Philosophical foundation
- Friends or family at the school
- Broad subject choice
- Care and safety
- Location
- Curriculum
- Affordability
- Holistic approach
- Extra-curricula activities (e.g. musicals)
- K-12 education
- Pathways to Uni, TAFE or work
- Learning Support
- Other (please specify) .....

**Why do you want your child/ren to come to a Waldorf School?**

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**How did you first hear about Mount Barker Waldorf School?** *(Please tick no more than three)*

- Word of mouth
- School Tour
- Advertising
- Website
- White/Yellow Pages
- Another school
- My kindergarten/childcare
- School signs
- School function (e.g. fair, musical)
- Old scholar
- Support organisation
- Medical practitioner
- Other (please specify).....

**Have you attended a School Tour**  Yes  No **Date (approximate)** .....

**HEALTH AND MEDICAL INFORMATION**

**Immunisation Status:**  Fully immunised  Partially Immunised  Not immunised

*Please attach your child's childhood immunisation schedule*

Please indicate if your child suffers from any of the following conditions and provide details:

- Heart Problems .....
- Asthma .....
- Respiratory Problems.....
- Drug Allergies.....
- Food Allergies .....
- Ointment Allergies.....
- Diabetes/Hypoglycaemia.....
- Blood Pressure.....
- Epilepsy.....
- Phobias .....
- HIV, Hepatitis A, B, C etc.....
- ADD, ADHD, ODD, OCD.....
- Eczema.....
- Migraines .....
- Allergies to Bites/Stings.....
- Chronic Fatigue .....
- Anxiety .....
- Depression .....
- Other Condition .....

Please provide details of any prescribed medication which your child is taking and include the length of time they have been taking it.

.....  
Does your child have a diagnosed/undiagnosed learning disability?       No  Yes → .....

.....  
Does your child have a diagnosed/undiagnosed physical disability?       No  Yes → .....

.....  
Does your child have a diagnosed/undiagnosed behavioural difficulty?       No  Yes → .....

.....

Has your child had their sight tested? <input type="checkbox"/> No <input type="checkbox"/> Yes → <i>please describe below</i> Date of last assessment .....	Does your child have any VISION problems? <input type="checkbox"/> No <input type="checkbox"/> Yes → <i>please describe below</i> .....
Result .....	.....
Is there any past history of sight problems? (lenses) <input type="checkbox"/> No <input type="checkbox"/> Yes → <i>please describe</i> ..... .....	Does your child need any special consideration with respect to sight? (e.g. spectacles for school use, contact lenses) <input type="checkbox"/> No <input type="checkbox"/> Yes → <i>please describe below</i> ..... .....
Has your child's hearing been tested? <input type="checkbox"/> No <input type="checkbox"/> Yes → <i>please describe below</i> ..... .....	Does your child have any HEARING problems? <input type="checkbox"/> No <input type="checkbox"/> Yes → <i>please describe below</i> ..... .....
Is there any past history of hearing problems? <input type="checkbox"/> No <input type="checkbox"/> Yes → <i>please describe below</i> ..... .....	Does your child need any special consideration with respect to hearing? (eg hearing aid, etc) <input type="checkbox"/> No <input type="checkbox"/> Yes → <i>please describe below</i> ..... .....
Name of Family Doctor: .....	Phone: .....
Surgery Address: .....	

**CURRICULUM AND LEARNING SUPPORT**

Has your child ever received developmental support from others? e.g. tutor, psychologist, occupational therapist, speech pathologist, access assistant?  
 No  Yes → *please describe below*

Specialist's name(s): ..... Details: .....

.....

Please tick any services that your child has received:

<input type="checkbox"/> Novita Children's Services	<input type="checkbox"/> Intellectual Disability Services Council (DSC)
<input type="checkbox"/> Townsend School visiting Teacher Service	<input type="checkbox"/> Down Syndrome Society
<input type="checkbox"/> Autism Association	<input type="checkbox"/> Families SA
<input type="checkbox"/> Cora Barclay	<input type="checkbox"/> Hospital based child development units
<input type="checkbox"/> Community health services	<input type="checkbox"/> Private practitioners
<input type="checkbox"/> Options coordination	<input type="checkbox"/> Gifted and Talented Council
<input type="checkbox"/> SPELD	<input type="checkbox"/> Other: .....

Will support from external services be provided to the School?

No  Yes → *please provide details* (e.g., the name of the provider, the number and duration of visits per week)

Has your child ever previously needed a modified curriculum or received learning support at School?

No  Yes → *please provide details*

**PLEASE ATTACHED COPIES OF THE TWO (2) MOST RECENT SCHOOL REPORTS AND ANY OTHER RELEVANT DOCUMENTATION EG PSYCHOLOGICAL ASSESSMENTS, SPECIALIST REPORTS, LEARNING SUPPORT PROGRAMS ETC FOR YOUR CHILD.**

**BEHAVIOURAL INFORMATION**

Has your child ever been expelled from any other school?

No  Yes → *please provide details*

Has your child ever been suspended from any other school?

No  Yes → *please provide details*

Has your child had any truancy concerns?

No  Yes → *please provide details*

Has your child ever been on a behaviour management program?

No  Yes → *please provide details*

Does your child require any special measures taken in relation to their behaviour and school activities?

No  Yes → *please provide details*

**MOBILITY, ACCESS AND INDEPENDENCE INFORMATION**

Please tick the main mode of transport your child will use to get to and from school:

Private car  Walk  Public bus → routes  Bike

Does your child use any of the following movement aids?  Wheelchair  Scooter  Callipers  Other →

Are there any mobility concerns that need to be addressed by the school?

No  Yes → *please provide details*.....

Does your child have any independence concerns?

No  Yes → *please provide details* .....

Can your child manage personal care needs independently (toilet, dressing, eating etc.)?

Yes  No → *please provide details*.....

## STATEMENT OF UNDERSTANDING

### THE ENROLMENT PROCESS

- **This agreement should be read in conjunction with the Mount Barker Waldorf School Enrolment Policy and Procedure available on the website [www.mtbarkerwaldorf.sa.edu.au](http://www.mtbarkerwaldorf.sa.edu.au).**
- It is important that your choice of Steiner Education for your child be an informed choice. We therefore strongly recommend that both parents/guardians (or custodial parent/guardian in the case of a single parent family) **attend a School Tour in the year or term leading up to the requested year of entry into the school.**
- The Kindergarten is the point of entry for the school. As a general rule we expect that all children will proceed from kindergarten to class 1 and continue their journey until the end of high school. We do not accept enrolments into the kindergarten where parents intend that their child will attend a different primary school.
- Enrolling parent/guardian(s) must lodge the Application for Enrolment Form, including the non-refundable administration fee\*, copies of two (2) most recent school reports and any other relevant documentation, at the School Office. The Privacy Statement and this Statement of Understanding regarding the conditions of enrolment must also be signed. Copies are provided to parents for ongoing reference.
- On receipt of a complete Enrolment Application, the student's name will be placed on the waiting list until a place becomes available. In making an offer of a place, the School will take into account and give priority to:
  - Teachers' children
  - Siblings currently enrolled in the school
  - Transfers from other Waldorf/Steiner schools
  - Ex-students
  - Compatibility with and demonstrated commitment to Mount Barker Waldorf School philosophy and ethos
  - Length of time on the waiting list
  - Date of application
- Once a placement at the school becomes available, the Registrar will make contact to invite you to an initial interview. A class teacher interview follows the initial interview. Additional interviews may be required in certain circumstances.
- **Date of receipt of this form is deemed to be the 'date of application'. This application is valid for two (2) years. After this time, if you have not been offered a place, you may contact the school to extend your position on the waiting list for a further two (2) years. No additional fee is payable at this time.**

### FEES

- When signing the Enrolment Agreement parents/guardians accept that all fees and charges must be paid as and when they fall due. This is a legally binding contract.
- A non-refundable Confirmation of Enrolment Fee\* is due prior to the student commencing at the school.
- Fees are invoiced one term in advance on a term-by-term basis. Statements will be sent on a monthly basis by email. Fees are due for payment 30 days after the Invoice date.
- In the event of the withdrawal of a student from the school, full fees will be charged for the current term. A minimum of term's notice prior to commencement of following term is required to avoid further charges being applied.

### EXPECTATIONS OF PARENTS/GUARDIANS

- Parents/guardians are expected to fully support the aims of the school with respect to the philosophy and education.
- Parents/guardians are required to attend Parent/Teacher Evenings once a term.
- Continued enrolment is dependent upon adherence to the school policies and rules, including the school's Behaviour Management Policy.
- The school has the power to suspend, exclude or expel or otherwise discipline students in accordance with the school's policies, and it is the responsibility of parent/guardians to be fully conversant with these policies. In the event of a child being withdrawn from school as a result of any disciplinary circumstances, fees for the current term will not be refunded.

**Please note: Lodgement of this application form does not constitute enrolment, nor does it guarantee enrolment at a future date. A confirmation of receipt of your application form will be returned to you. Please notify the Registrar of any changes of address or telephone numbers to enable us to maintain contact.**

\* See Mount Barker Waldorf School's current "Fee Schedule" for amount payable.

I/We have read, understand and agree to the above conditions for admission to the Mount Barker Waldorf School. I have enclosed \$65.00 for one child, \$100.00 per family (inc GST which is non-refundable) as a family application fee.

Parent/Guardian A Name: .....

Parent/Guardian A Signature: .....

DATE: / /

Parent/Guardian B Name: .....

Parent/Guardian B Signature: .....

DATE: / /

## PRIVACY STATEMENT

1. The School collects personal information, including sensitive information about pupils and parents and 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.
2. 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.
3. Laws governing or relating to the operation of a school require certain information to be collected and disclosed. These include relevant Education Acts, Public Health and Child Protection laws.
4. 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.
5. If the school does not obtain the information referred to in the enrolment process (pg 5 & 6), the school may not be able to enrol or continue the enrolment of your child – this information includes but is not limited to, copies of most recent school reports from current/previous school, psychological assessments, specialist reports, learning support programs etc.
6. The School from time to time discloses personal and sensitive information to others for administrative and educational purposes, including to facilitate the transfer of a pupil to another school. This may include sharing information with government departments, medical practitioners as well as people providing services to the School, including specialist visiting teachers, (sports) coaches, volunteers and counsellors.
7. Personal information collected from pupils is regularly disclosed to their parents or guardians. On occasion information such as academic and sporting achievements, pupil activities and similar news is published in School newsletters or on our website. The School will obtain separate permissions from the pupil's parent or guardian prior to publication of photographs of pupil activities such as sporting events, school camps and school excursions.
8. The School's Privacy Policy sets out how parents or pupils may seek access to personal information collected about them. However, there will be occasions when access is denied. Such occasions would include where access would have an unreasonable impact on the privacy of others, where access may result in a breach of the School's duty of care to the pupil, or where pupils have provided information in confidence.
9. 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.
10. As you may know the School from time to time engages in fundraising activities. Information received from you may be used to make an appeal to you. (It may also be disclosed to organisations that assist in the School's fundraising activities solely for that purpose). We will not disclose your personal information to third parties for their own marketing purposes without your consent.
11. 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.
12. The School stores all personal information in secure filing cabinets or on the school server.

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I/We have read, understand and agree to the above Privacy Statement.

Parent/Guardian A Name: .....

Parent/Guardian A Signature: .....

DATE: / /

Parent/Guardian B Name: .....

Parent/Guardian B Signature: .....

DATE: / /

### **FORWARD APPLICATION FORMS TO: CONTACT NUMBERS**

Registrar

Office Hours: 8.30am–4pm, Mon–Fri

Mount Barker Waldorf School

Phone: (08) 8391 0411

P.O. Box 318

Fax: (08) 8391 2386

MOUNT BARKER SA 5251

Email: office@mtbarkerwaldorf.sa.edu.au