



MOUNT BARKER
WALDORF SCHOOL

STRENGTH GRACE AND SKILL - FOR LIFE

RELEASE OF INFORMATION PERMISSION

APPLICANTS: *this form is part of the application for enrolment. **Please complete page 1 ONLY** and return along with the application for enrolment form.*

SCHOOLS: *Please complete page 2 and return by fax or email to
MT BARKER WALDORF SCHOOL, 27 SIMS ROAD, MT BARKER SA 5251,
email to dbottin@mtbarkerwaldorf.sa.edu.au or fax (08) 8391 2386*

Student's Full Name:

Student's Date of Birth:

Current/Previous School:

I / we authorise Mt Barker Waldorf School to obtain information from the previous school (as per pages 3 & 4 of this document) that:

- a) may be of benefit to the education of my / our child; and
- b) will assist with the assessment of my child's application

In granting this authority, I / we understand that it will remain current for the period of processing the enrolment application and, where relevant, for the period during which enrolment is taken up at Mt Barker Waldorf School.

Parent/Caregiver 1 Name:

Parent/Caregiver 1 Signature: Date:.....

Parent/Caregiver 2 Name:

Parent/Caregiver 2 Signature: Date:

FINANCIAL INFORMATION

Will the family be leaving / did the family leave the school with an outstanding debt in relation to school fees? No Yes → *please provide details*

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CURRICULUM AND LEARNING SUPPORT

Has the student ever received support from others? e.g. tutor, psychologist, occupational therapist, speech pathologist, access assistant? No Yes → *please provide details*

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

Please tick any services that the student 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"/> Others (<i>please list</i>) |

Has support from external services been provided to the school? No
 Yes → *please provide details (e.g. provider name, number, duration of visits per week, facilities required)*

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Has the student ever been placed on a modified curriculum or received learning support?
 No Yes → *please provide details*

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BEHAVIOURAL INFORMATION

To your knowledge, has the student ever been expelled from school?
 No Yes → *please provide details*

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To your knowledge, has the student ever been suspended from school?
 No Yes → *please provide details*

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Has the student ever been on a behaviour management program?
 No Yes → *please provide details*

.....

Does the student require any special measures taken in relation to their behaviour and school activities?
 No Yes → *please provide details*

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Has the student had any attendance concerns? No Yes → *please provide details*

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Has the student got any particular social / emotional needs that you are aware of?
 No Yes → *please provide details*

Please attach copies of most recent school reports and any other relevant documentation e.g. psychological assessments, specialist reports, learning support programs for the student.

THANK YOU FOR YOUR ASSISTANCE