

CASUARINA STEINER SCHOOL

INSPIRING THE HEAD, REACHING THE HEART

Casuarina School Co-operative Ltd

4 Gentle Street, Coffs Harbour NSW 2450 Tel. 02 6651 2770

Email: admin@casuarina.nsw.edu.au

Mailing address: PO Box 1415 Coffs Harbour, NSW 2450 www.casuarina.nsw.edu.au



Application for Placement

Level of Entry (Please Tick) Peach Blossom Kindergarten Year 1 Year 2
 Year 3 Year 4 Year 5 Year 6

Proposed Year of Entry 20_____

Student Information

Child's Surname: _____ Given Names: _____

Address: _____ State: _____ P/Code: _____

Date of Birth: ____/____/____ Present Age: ____ Gender: _____ Country of Birth: _____

Previous/Current School (if any): _____ Current Grade: _____

Aboriginal Yes No Torres Strait Islander Yes No Nationality: _____

Australian Permanent Resident Yes No Language spoken at home: _____

Parent/Guardian Information

Mother/legal guardian details:

Relationship to Student (please tick) Parent Step Parent Legal Guardian Grandparent Other

Living with Student? (please tick) Yes No Access? Yes No

Title: _____ First Name: _____ Surname: _____

Address: _____ State: _____ P/Code: _____

Marital Status (please tick) Married Single Divorced De facto

Home Phone: _____ Mobile: _____ Work: _____

Email: _____ Occupation: _____

Father/legal guardian details:

Relationship to Student (please tick) Parent Step Parent Legal Guardian Grandparent Other

Living with Student? (please tick) Yes No Access? Yes No

Title: _____ First Name: _____ Surname: _____

Address: _____ State: _____ P/Code: _____

Marital Status (please tick) Married Single Divorced De facto

Home Phone: _____ Mobile: _____ Work: _____

Email: _____ Occupation: _____

Are there any Parenting Orders in place for this student? Yes No (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 in above question? Yes No (please provide brief details and attach copies of any orders) _____

Student Individual Needs

To assist the school to respond to individual requirements, please detail any special needs your child has in the following areas that may affect his/her learning, participation or welfare during school hours (please tick);

Has your child ever repeated a year? Yes No Year Level _____
Has your child ever been accelerated (skipped a year) Yes No Year Level _____
Does your child have a need which affects his/her learning? Yes No

Please tick as appropriate for your child:

Autism/Aspergers Yes No Hearing Impairment Yes No An intellectual disability Yes No
A physical disability Yes No Mental health issues Yes No ADD/ADHD Yes No
Giftedness Yes No Acquired Brain Injury Yes No Behaviour Issues Yes No
Language Disorder Yes No Vision Impairment Yes No ODD Yes No
Difficulties in the basic areas of learning Yes No
Other (please specify) _____

Does your child currently receive "students with disabilities" funding? Yes No
If yes, please specify _____
What accommodations and/or learning adjustments, if any were provided for your child at his/her previous school?
Alternative teaching and learning strategies Yes No Personal Carer Support Yes No
A reader or scribe Yes No Access to technology Yes No
Signing Yes No Braille Yes No
Modifications to equipment, furniture, learning spaces Yes No

If you have answered yes to any of the above questions, please provide full details of those needs and any intervention/support that he/she may be currently receiving (**supporting documentation must be provided**).

Has a specialist ever assessed your child for developmental, learning or behavioural problems? Yes No
If yes, please identify what type of specialist/s by ticking below.

Guidance officer Child psychologist Occupational therapist Vision therapist
 Speech therapist Paediatrician Psychiatrist Other

If other, please specify _____

Please attach reports from the above specialist/s to this application.

Does your child suffer from any significant health issues such as:

Allergies Yes No Asthma Yes No Diabetes Yes No Epilepsy Yes No
Migraines Yes No Anaphylaxis Yes No Cancer Yes No Anxiety Yes No
Coeliac Disease Yes No Crohn's Disease Yes No Depression Yes No Eczema Yes No
Cystic Fibrosis Yes No Ear Infections Yes No Thyroid Disease Yes No
Heart Disease Yes No Immune System Disorders Yes No Other Yes No

If yes, please specify _____

Does your child take medication on a regular basis? Yes No

If yes, what type of medication and how frequently. _____

Does your child have social difficulties with other children? Yes No

If yes, please specify _____

Has behaviour management ever been an issue with your child in school? Yes No

If yes, please specify _____

Has behaviour management ever been an issue with your child in the home? Yes No

If yes, please specify _____

SIBLING DETAILS – Please indicate whether you wish siblings to be added to the Wait List.

Please note that each child needs a separate application form and payment.

| | | | |
|-------|------|------|-----------|
| Name: | DOB: | Sex: | WL Yes/No |
| Name: | DOB: | Sex: | WL Yes/No |
| Name: | DOB: | Sex: | WL Yes/No |

Questionnaire

Have you had a tour of the School? Yes No

As part of the application process, it is recommended that you attend a Principal Tour of the school. If you haven't been on a tour, bookings can be made by calling the office on 02 6651 2770.

Please indicate factors influencing your decision to seek enrolment at Casuarina Steiner School.

- Caring environment Steiner Education Recommendation from a friend Curriculum choice
- Tour of School Sibling currently enrolled Parent & Child Group
- Other _____

How did you hear about Casuarina Steiner School?

- Website Newspaper advertising Word of Mouth Other Advertising
- Other _____

Information regarding placement of the Casuarina Placement/Waiting List

Casuarina Steiner School has a comprehensive enrolment process that aims to:

- Provide indepth information about the school to enable parents to make informed decisions about enrolment of their child at the school.
- Provide teachers with information about the child and the family's goals and expectations to enable the school to make informed decisions about proceeding with enrolments.

There are times when the enrolment process cannot be completed because:

- There is currently no position available in the relevant class
- The family currently resides out of area and cannot attend for interviews (however skype interviews are available)
- The child to be considered for enrolment is not yet 4.5 years of age.

If the family elects to have there child/children placed on the placement/wait list:

- An \$80 per child, **non-refundable fee** will apply for placement application
- This application fee **will be deducted** from the enrolment fee if the enrolment proceeds

THIS APPLICATION DOES NOT ENTITLE THE CHILD TO ENROLMENT

Special consideration for placement may be given to:

- Staff Children
- Siblings
- Lavender Cottage Parent and Child Group children
- Students transferring from other Steiner Schools
- Length of time on the Wait List

DECLARATION (This section MUST be filled in)

I/We hereby apply to have the above-named student/child placed on the enrolment placement/wait list. Should he/she be accepted, following interviews, I/we undertake to support the rules and policies of the school, and to be responsible for the payment of school fees.

Father's/Carers Name:Signature:.....Date: .../.../.....

Mother's/Carers Name:Signature:.....Date: .../.../.....

Please notify the Enrolment Officer of any changes of address or telephone numbers to enable us to maintain contact.

Cheques and money orders should be made payable to "Casuarina Steiner School"

EFT: Bendigo Bank
Casuarina School Co-op
BSB: 633-000 Account No. 123546350
Reference: Parent/Child full name

Card: Mastercard Visa Amex Bankcard

Card Number:..... Exp Date:CVV

Name on Card:..... Signature: