



**FAMILY INFORMATION**

**FEMALE PARENT OR GUARDIAN**

Title: ..... Surname: ..... Christian Names: .....  
Residential Address: ..... Home Phone No: .....  
Town/Locality: ..... State ..... Post Code .....  
Postal Address (If different to above): ..... Post Code .....  
Nationality: ..... Country of Citizenship: .....  
Occupation: ..... Work Phone No: .....  
Employer: ..... Mobile Phone No: .....  
Mother's Email Address: .....

**MALE PARENT OR GUARDIAN**

Title: ..... Surname: ..... Christian Names: .....  
Residential Address: ..... Home Phone No: .....  
Town/Locality: ..... State ..... Post Code .....  
Postal Address (If different to above): ..... Post Code .....  
Nationality: ..... Country of Citizenship: .....  
Occupation: ..... Work Phone No: .....  
Employer: ..... Mobile Phone No: .....  
Father's Email Address: .....

Married / Separated / Divorced / Defacto / Widowed (Please Indicate)

**CUSTODY/GUARDIANSHIP**

Name of person(s) with legal guardianship of the student: .....  
If applicable, a copy of any Parenting or Restraint Order is attached. **Yes / No**  
Any other conditions enforced at law? .....

**SIBLINGS CURRENTLY ATTENDING YALLINGUP STEINER SCHOOL**

Name	Year Level	Name	Year Level
.....	.....	.....	.....
.....	.....	.....	.....

**SIBLINGS CURRENTLY ATTENDING OTHER SCHOOLS**

Name	Year Level	School
.....	.....	.....
.....	.....	.....
.....	.....	.....

**YALLINGUP STEINER PLAYGROUP**

Are you currently attending Yallingup Steiner School Playgroup (Yallingup, Busselton or Margaret River) or Kindergarten? **Yes / No**

**STUDENT'S INDIVIDUAL NEEDS**

The school *Education Act 1999* requires the provision of:

“details of any condition of the enrollee that may call for special steps to be taken for the benefit or protection of the enrollee or other persons in the school” (16G)

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

Medical/Health Care .....

Medication .....

Physical .....

Orthoses/Prostheses .....

Psychological/Cognitive .....

Sensory (eg Vision/Hearing) .....

Behavioural or Safety .....

Communication .....

Allergies .....

If medication or medical/health care services are required during school hours please provide full details, name, contact number and signed authorisation by the relevant practitioner.

.....  
.....

**EXTERNAL SERVICE PROVISION**

Does your child receive any services from any external agency, which may affect educational arrangements? **Yes / No**

If yes, please provide details, name of Service Provider and contact phone number.

Details: .....

Name of Service Provider: ..... Contact Phone Number: .....

Does your child require special transport arrangements to and from school? **Yes / No**

Does your child receive Respite Care on a regular basis? **Yes / No**

Does your child require an Individual Care Plan or Action Plan to manage diagnosed illness/allergies? **Yes / No**

**Does your child have a diagnosed disability?** **Yes / No**

If ‘yes’ please contact YSS to obtain ‘Supplementary Form for Children With Special Needs’

**EMERGENCY CONTACT DETAILS (OTHER THAN A PARENT/GUARDIAN)**

1. Name: ..... Relation to Student: .....

Address: ..... Town/Locality: .....

Contact Numbers:

Home: ..... Work: ..... Mobile: .....

2. Name: ..... Relation to Student: .....

Address: ..... Town/Locality: .....

Contact Numbers:

Home: ..... Work: ..... Mobile: .....

## MEDICAL INFORMATION

### IMMUNISATION RECORD

F – Fully Immunised      N – Not Immunised      I – Incomplete Immunisation      P – Personal Objection

Measles       Mumps       Rubella       Diphtheria       Tetanus

Hepatitis B       Pertussis       Polio (OPV)       Immunisation Record Attached: Yes / No  
(Whooping Cough)

Family Doctor/Medical Clinic: ..... Phone Number: .....  
Address: ..... Town/Locality: .....  
Dentist/Central Clinic: ..... Phone Number: .....  
Medicare Number: ..... Private Health Fund: ..... Blood Group: .....  
(If Known)

## MEDICAL EMERGENCY AUTHORISATION

*I authorise the school to seek medical/dental attention, call an ambulance or to hospitalise my son/daughter when considered necessary. I further authorise the school that if an emergency occurs requiring surgery, anaesthetic, oxygen, blood transfusion, medication and I am unable to be contacted within a reasonable time, the school has the authority to agree to medically recommended treatment by an accredited medical practitioner on my behalf.*

Signature of Parent(s)/Guardian(s): ..... Date: .....  
FEMALE PARENT OR GUARDIAN

Signature of Parent(s)/Guardian(s): ..... Date: .....  
MALE PARENT OR GUARDIAN

## AGREEMENT

I/we understand and accept that the completion of this application/enrolment form does not guarantee an enrolment interview. Successful applicants will be determined in accordance with the school's enrolment criteria.

I/we are committed to supporting the provision of Steiner Education for our child, both financially and pedagogically and understand that continued enrolment is dependent on this support being provided.

I/we acknowledge that the Yallingup Steiner School follows the Australian Steiner Curriculum Framework which has been recognized by the Federal and State Governments.

I/we understand that the curriculum meets the same outcomes as the Australian Curriculum but there may be differences concerning when some content is covered which may have implications for our child if transferring from/to a Steiner school.

I/we understand and accept that attendance at an interview does not guarantee an enrolment offer being made.

I/we have completed this application form fully and to the best of my/our knowledge. Further, I /we acknowledge and accept that if it can be demonstrated that I/we have withheld information relevant to the application/enrolment process, especially in relation to this student's individual needs, medical conditions, health care requirements and/or Parenting Orders, then the enrolment may be refused or terminated on this ground.

I/we have read and fully understand and agree to the terms and conditions set out in the school fee collection policy.

Signature of Parent(s)/Guardian(s): ..... Date: .....  
FEMALE PARENT OR GUARDIAN

Signature of Parent(s)/Guardian(s): ..... Date: .....  
MALE PARENT OR GUARDIAN

## THIS APPLICATION FORM MUST BE COMPLETED AS FULLY AS POSSIBLE AND SIGNED

*A copy of each of the following details must be attached to this application.*

- 1) Birth Certificate
- 2) Immunisation or Conscientious Objection
- 3) Current Restraining Orders / Custody Orders
- 4) Application fee of \$90.00

*All personal information collected by the school is used to provide schooling, and where necessary, to properly treat and ensure the well-being of your child and will be treated confidentially.*

*The application fee can be paid on line to BSB 016 580 Account 3409 07004. Please quote your child's surname as narration*