APPLICATION FOR ENROLMENT IN 20…..

PO Box 135 Yallingup WA 6282 Phone (08) 97552230
email: admin@yss.wa.edu.au web: www.yss.wa.edu.au

STUDENT INFORMATION

Surname: ..... Date of Birth: .....

Christian Names: ..... Birthplace: .....

Birth Certificate Attached: Yes / No

Preferred Name: .....

Male / Female *(Please Indicate)* Aboriginal/Torres Strait Islander: Yes / No

Nationality: ..... Australian Permanent Resident: Yes / No

Born Outside of Australia – Date of Arrival: ..... Number of Years in Australia: .....

Country of Citizenship: ..... Language Spoken at Home: .....

Present School ..... Location ..... Year Level .....

Email of Present School ..... Request for data from this school granted ..... Yes / No

Childs Residential Address: ..... Home Phone Number: .....

Town/Locality: ..... State ..... Post Code .....

Religion: ....

N.B. If your contact telephone number changes, please ensure that you notify the School Office immediately to update your child's records.

FAMILY INFORMATION

PARENT OR GUARDIAN 1 male/female/other

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: .....

Email Address: .....

PARENT OR GUARDIAN 2 male/female/other

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: .....

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 by law? please attach details **Yes / No**

SIBLINGS CURRENTLY ATTENDING YALLINGUP STEINER SCHOOL

Name	Year Level	Name	Year Level

SIBLINGS CURRENTLY ATTENDING OTHER SCHOOLS

Name	Year Level	School

STUDENT'S INDIVIDUAL NEEDS

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

"…details of any condition of the enrolee that may call for special steps to be taken for the benefit or protection of the enrolee 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.

	Yes/No	Details
Individual Health Care Plan/ Required		
Medication Required		
Physical Needs		
Psychological Considerations		
Cognitive Considerations (May include Dyslexia or other Processing Disorders)		
Behavioural Considerations (May include Attention Disorders such as ADD, ADHD, Defiance Disorder etc.)		
Safety Concerns (Anger Management, Aggression or Self Harming)		
Sensory Needs eg. Vision/Hearing		
Special Communication Requirements		
Allergies		
Autism Spectrum Disorder (may include Asperger's)		

If medication or medical/health care services are required during school hours please request an Individual Health Care Plan Form which will 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?
This may include Occupational, Speech or Psychotherapy and/or Social Services. **Yes / No**
If yes, please provide details, name of Service Provider(s) and contact phone number(s).

Details: .....

.....

.....

.....

Name of Service Provider(s): ..... Contact Phone Number(s): .....

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

From 1 January 2019, all schools in Western Australia are now required to advise the Health Department of Western Australia of a student's immunisation status. To this end please provide a copy of your Immunisation History Statement – obtained through your Medicare / myGov account. ***From 22 July 2019, any family wishing to enrol their child in Kindergarten or Pre-Kindy (K4/K5) must have an 'up to date' immunisation status, otherwise enrolment cannot proceed****. You are also required to submit your Medicare number & relevant reference number. If you are unsure of these requirements, please contact the school or visit https://ww2.health.wa.gov.au*

Current Immunisation History Statement Provided? Yes / No

Family Doctor/Medical Clinic: ..... Phone Number: .....

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

Dentist/Central Clinic: ..... Phone Number: .....

Medicare Number & relevant reference 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: .....

PARENT OR GUARDIAN

Signature of Parent(s)/Guardian(s): ..... Date: .....

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: .....

PARENT OR GUARDIAN

Signature of Parent(s)/Guardian(s): ..... Date: .....

PARENT OR GUARDIAN

PRIVACY POLICY STATEMENT

The school collects personal information, including sensitive information about students, parents or guardians before and during the course of a student's enrolment at the school. The prime purpose of collection this information is to enable the school to assist with the provision of schooling for its students.
The school is bound by the Australian Privacy Principles contained in the Commonwealth Privacy Act 1988 and the Privacy Amendment (Enhancing Privacy Protection) Act 2012.
This policy will be reviewed annually to take account of new laws, technology, any changes to the school's operations and practices, and ensure that the policy remains relevant. The review is to be conducted by the Principal, with additional input from the College of Teachers and Administration Staff. The reviewed document will be presented to the school Council for endorsement.

COLLECTION:
What kind is collected and how:
Yallingup Steiner School will collect and hold information that is personal, including sensitive information from individuals as follows:

- Parents and students before and during the course of, the child's enrolment at the school.

Yallingup Steiner School collects personal information about an individual via forms filled out by parents and students, through interviews, meetings, telephone calls and emails. At times the school will be provided with personal information from people other than parents and students, eg. the Community Nurse or Benchmark Testing Authority.

How will the school use the information provided by you:-
Parents and students
Personal information is collected to enable the school to provide schooling for your child and to satisfy the needs of students and parents throughout the child's enrolment.

- Communication to parents about school matters through correspondence, newsletters and magazines
- Looking after the student's educational, social and medical wellbeing
- Looking after the student's spiritual wellbeing
- Allow the school to meet the legal obligations of its duty of care
- Administration
- Other related purposes

Volunteers
Personal information is obtained from volunteers who assist the school to enable the school and the volunteer to work together.
Fundraising
Parents, staff, contractors and members of the wider community may from time to time receive fundraising information. School publications such as newsletters and magazines, which contain personal information may be used for fundraising purposes eg. School magazine included with letter of request for donation for Spring Fair to businesses or the wider community.
To whom might the school disclose personal information?
This includes but is not necessarily exclusive to:

- Another school eg as part of the transfer process
- Government departments
- Medical practitioners (Identifier required eg. faxed letterhead stating request)
- People providing services to the school such as specialist visiting teachers, sports coaches
- Recipients of school publications such as newsletters and school magazines
- Parents (eg. parent contact list)
- Anyone you authorize the school to give information to.

Name(s): _____

I have read and understand the information contained in the Privacy Policy Statement

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

Signature of Parent(s)/Guardian(s): ..... Date: .....
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. Please tick

1. Birth Certificate ☐

2. Immunisation History Statement ☐

3. Current Restraining Orders / Custody Orders ☐

4. Application fee of $100 ☐

5. Copies of reports/work samples from any previous education setting ☐

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