

Enrolment Application Form

Please complete one form per child and submit the application by email to: info@gooragansteiner.qld.edu.au

Student Information:

Full Name (Given, Middle, Surname)		
Preferred Name		
Gender		
Date of Birth (DD/MM/YY) (attach certified copy of Birth Certificate)		
Residential Address		
Postal Address (if different from above)		
Place of Birth (Town, Country)		
Nationality/nationalities		
Is the student an Australian citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No (if no, please complete the section below 'Additional for International Students')	
Ethnicity		
Language(s) spoken at home		
Primary language spoken, if not English		
Student's Educational History		
Has the student ever attended a Steiner School?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Previous school/s attended (include preschools, day-care)	Year Level	Calendar Year
Enrolment Information		
Proposed class of entry		
Proposed date of entry (Month/Year)		
Sibling Details		
Does the proposed student have siblings already enrolled at the GGSS?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please list students Name(s)		

Family Details	Mother / Guardian 1	Father / Guardian 2
Relationship to student		
Title		
Surname		
Given Names		
Main Language* other than English spoken at home		
Residential Address		
Mailing Address (if different from above)		
Phone Numbers	Home:	Home:
	Work:	Work:
	Mobile:	Mobile:
Email		
Occupation		
Name of step-parent (if applicable)		
	Phone:	Phone:
Family Relationship		
Applicant/Student lives with:	<input type="checkbox"/> Both parents <input type="checkbox"/> Mother only <input type="checkbox"/> Father only <input type="checkbox"/> Guardian <input type="checkbox"/> <input type="checkbox"/> Grandparents <input type="checkbox"/> Shared care <input type="checkbox"/> Other _____	
Where parents are separated or divorced, or both parents/guardians named above are not the natural parents of the student, please give details: (e.g. custody, step parents, guardianship arrangements) (Please also provide copies of any legal documents pertaining to parenting arrangements)		
Are there any court orders concerning the welfare, safety or parenting arrangements of your child? (please provide copies of any relevant current court orders)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Are copies of Court Order attached	
*In the case of separate parenting, please indicate who should receive general school correspondence including reports, event information and school news: <input type="checkbox"/> Both parents <input type="checkbox"/> Mother/Guardian 1 only <input type="checkbox"/> Father/Guardian 2 only		
Additional for International Students	Mother / Guardian 1	Father / Guardian 2
Country issuing passport		
Passport No	Passport Expiry	
Visa Code/Number	Visa Expiry Date	
Name of Medial Fund and Fund No.		
Please Provide: Certified copy of passport Copy of proof of visa status (permission to study) Copy of proof of insurance	<input type="checkbox"/> Tick this box to confirm that you give the school permission to verify parent and student Visa status for the duration of enrolment. This verification is sought via the Department of Home Affairs - VEVO system	

Emergency Contact details:

Emergency contact details are adults OTHER THAN parents/guardians in case parents/guardians cannot be contacted

Emergency Contact Information	First Emergency Contact	Second Emergency Contact
Name		
Relationship to student		
Contact number	Home:	Home:
	Work:	Work:
	Mobile:	Mobile:
Doctor's Information		
Doctor's name		
Medicare number		
Private health insurer and number		
Medical History		
Previous medical conditions, illnesses, accidents, traumatic, physical, mental or emotional experiences	Has the student had any serious medical conditions or illnesses (including childhood illnesses e.g. German measles, measles, mumps, chicken pox, whooping cough etc) or accident in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes Please provide details:	
	Have there been any traumatic, physical, mental, or emotional experience for your child? <input type="checkbox"/> No <input type="checkbox"/> Yes Please provide details:	
Immunisation status	All schools are required to keep a record of the immunization status of children enrolled. Has the <i>Immunization History Statement</i> been supplied to the GGSS? <input type="checkbox"/> No <input type="checkbox"/> Yes Date of last tetanus injection: / /	
Does the child have any allergies or medical conditions?	<input type="checkbox"/> No <input type="checkbox"/> Yes (if yes please answer further questions below)	
Medical condition or allergy, symptoms and management. (please describe)		
Severity of symptoms	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate-self managed with medication <input type="checkbox"/> Severe-possibility of an emergency arising	
Medical condition or allergy, symptoms and management. (please describe)		
Severity of symptoms	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate-self managed with medication <input type="checkbox"/> Severe-possibility of an emergency arising	

Medical Treatments	
Does your child regularly or frequently take a prescribed medicine or homeopathic remedy? <input type="checkbox"/> No <input type="checkbox"/> Yes Please provide details:	
Has your child had any type of medical or therapeutic intervention? <input type="checkbox"/> No <input type="checkbox"/> Yes Please provide details:	
I give consent for minor injuries incurred by my child to be treated with homeopathic remedies. <input type="checkbox"/> No <input type="checkbox"/> Yes	
I consent to the GGSS, in the best interest of my child, and as it considers necessary or expedient (if reasonable attempts to contact the parents/guardians or the nominated 'emergency contacts' have failed) <input type="checkbox"/> Obtaining medical advice and treatment; or <input type="checkbox"/> Obtaining medical advice and treatment except for the following treatments: (insert excluded treatments below)	
If the GGSS considers the excluded treatment is necessary, I request that the school take the following steps in its place: (insert alternative treatments)	
Special Circumstances	
Please provide details of any special circumstances of the student that may need to be taken into account by the school including medical conditions; special gifts, talents, or needs; behavioural issues; psychological and/or other relevant test results.	
Has your child ever been referred to a speech therapist, occupational therapist or had any other kind of developmental assessment or attended Early Intervention? <input type="checkbox"/> No <input type="checkbox"/> Yes Please provide details:	
Has another school or teacher ever suggested that your child may need an assessment for difficulties, special gifts and talents, or that they may need learning support? <input type="checkbox"/> No <input type="checkbox"/> Yes Please provide details:	
Has a specialist, psychologist, psychiatrist or any child guidance clinic been consulted? <input type="checkbox"/> No <input type="checkbox"/> Yes what was the nature of your concern? What were the outcomes or recommendations?	
Do we have permission to speak to the teachers/professionals who have worked with your child? <input type="checkbox"/> No <input type="checkbox"/> Yes Please provide details:	
Has the student ever been expelled, suspended, asked to leave a school or been convicted of a criminal offence? <input type="checkbox"/> No <input type="checkbox"/> Yes Please provide details:	
<i>Disclosure statement: the disclosure of all medical, behavioural, psychological and educational testing and information referring to a student seeking enrolment is a fundamental condition to the acceptance of that student for enrolment at GGSS. This information is important in identifying the type and level of support required by the student to participate in all aspects of school life.</i>	

Other information which may be collected upon request includes: photo, other siblings at school/been at school, previous school reports, medical and or psychological examination reports or other relevant reports etc.

CHECKLIST:

- Signed Enrolment Application Form
- Payment of Enrolment Application Fee
- Certified Copy of Birth Certificate
- Copy of Immunization History Statement or Conscientious Objection/Medical Contraindication Form
- Copies of legal documents pertaining to parenting arrangements (if applicable)
- Current court orders (if applicable)
- International students Only:
 - Certified copy of passport
 - Proof of health insurance
 - Proof of visa status

Fee Payment Details

Please confirm all parties responsible for payment of fees. If someone other than the parent is listed, please provide contact details.

	*I hereby accept financial responsibility for the enrolment of this student. I understand I am responsible for the school fees associated with enrolment and can meet the required financial obligations.	*I hereby accept financial responsibility for the enrolment of this student. I understand I am responsible for the school fees associated with enrolment and can meet the required financial obligations.	*I hereby accept financial responsibility for the enrolment of this student. I understand I am responsible for the school fees associated with enrolment and can meet the required financial obligations.
Full Name			
Relationship to Student			
Mailing Address (where applicable)			
Email			
Telephone/Mobile			
Signature			

- I/We hereby apply to the Goora Gan Steiner School (GGSS) for the enrolment of the above student.
- I/We hereby understand and accept that ongoing enrolment is conditional upon payment of fees in accordance with the Fees and Charges Policy Schedule agreement which will be given to me attached to the Enrolment Contract after my child is offered a placement.
- I/We have read and understand that it is a condition of enrolment that we agree to the terms of the Privacy Policy and the Enrolment Policy and understand that these policies are subject to change and can be updated from time to time and are available on the website to review when necessary.
- I/We declare that we support the GGSS ethos.
- I/We give permission for GGSS to seek information from previous school/institutions attended by the student including financial history where relevant.
- I/We agree to notify the school immediately of any change in address or contact details, including ensuring there are always two current emergency contact records.
- I/We agree to keep the school updated on any medical conditions or welfare issues regarding the student.
- I/We have read and accepted the conditions above
- I/We hereby declare that the information provided by us is true and correct at the time of the contract.

An Enrolment Application Fee of **\$110 per student** applies for processing. This fee is not refundable and payable to:

Account Name: Goora Gan Steiner School Inc BSB: 633 000 ACC: 1551 848 49

Signature of Parent/Guardian: _____ Date: _____
PARENT OR GUARDIAN

Signature of Parent/Guardian: _____ Date: _____
PARENT OR GUARDIAN

OFFICE USE ONLY:			
Document signed <input type="checkbox"/>	Copies of court orders <input type="checkbox"/>	International Students:	Notes
Copy of birth Cert <input type="checkbox"/>	Copies of legal documents <input type="checkbox"/>	Copy of passport <input type="checkbox"/>	
Application Fee \$110 <input type="checkbox"/>	Copy of Immunisation history <input type="checkbox"/>	Copy of proof of insurance <input type="checkbox"/>	
		Copy of visa status <input type="checkbox"/>	

Standard Collection Notice

What information needs to be collected on enrolment: Government Funding Purposes:

1. Information on parent background as set out in *Data Standards Manual: Student Background Characteristics* (ACARA) pp42-48 http://www.acara.edu.au/verve/_resources/DSM_1.pdf
2. Standard Collection notice (see attached)
3. The School collects personal information, including sensitive information about pupils and parents or 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.
4. 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.
5. Laws governing or relating to the operation of a school require certain information to be collected and disclosed. These include relevant Education Acts, and Public Health and Child Protection laws.
6. 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.
7. 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 includes to other schools, government departments, medical practitioners, and people providing services to the School, including specialist visiting teachers, [sports] coaches, volunteers and counsellors.
8. Personal information collected from pupils is regularly disclosed to their parents or guardians.
9. The School may store personal information in the 'cloud' which may mean that it resides on servers which are situated outside Australia.*
10. 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.
11. 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.
12. 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.
13. On occasions information such as academic and sporting achievements, pupil activities and similar news is published in School newsletters and magazines [and on our website]. Photographs of pupil activities such as sporting events, school camps and school excursions may be taken for publication in School newsletters and magazines [and on our website]. The School will obtain separate permissions from the pupils' parent or guardian prior to publication. [12. We may include pupils' and pupils' parents' contact details in a class list and School directory.]†
14. 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 and that the School does not usually disclose this information to third parties.

1. * *If applicable*
2. † *Schools may wish to seek specific consent to publish contact details in class lists and*
3. *School directories*