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Priority	

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Surname Gi	ven Name(s)			Pre	eferred Name	<u> </u>
Residential Address						Postcode
Postal Address						Postcode
Home telephone no	Date of Birth	/_	/	Age	Gender _	
To Commence in: Prep□ 1□ 2□ 3□	□ 4□ 5□ 6□ 7□	Year to c	ommen	ce:		
Current Year Level: Prep□ 1□ 2□ 3□ 4	↓ □ 5□ 6□ 7□	Has the o	child eve	er attende	d a Steiner School	? YES / NO
Previous school/s attended (if any, incl	daycare/preschool):					
Does the child identify as Aboriginal/To	rres Strait Islander/both <i>F</i>	 Aboriginal and	d Torres	Strait Isla	nder? YES / NO	
Country of Birth				Ethnici	ty	
*The school will need to sight the child'	s birth certificate.					
Does the child speak English as a second	d language at home? YES	/NO If YES	S, First L	anguage:		
		, complete th				
Country of issuing passport		P:	assport	No.		Expiry / /
(please supply certified copy of passpor						
Visa code/number(supply proof of visa status)	Expiry//	Medical			proof of insurance)	
☐ Tick this box to confirm that you give verification is sought via the Departn	•	, ,		, , , ,	,	
PARENT / GUARDIAN #1						
Title Surname		Give	en Name	e(s)		
Residential Address						Postcode
Home Phone	Work Phone				Mobile	
Email	Relationship	to child				
Occupation		Employ	er			
Do you speak English as a second langu	age? YES / NO If YES, Fir	st Language s	spoken a	at home _		
Does the child reside with you?	Name c	of step-paren	t (if app	licable):		
PARENT / GUARDIAN #2						
Title Surname		Given Na	ame(s) _			
Residential Address						Postcode
Home Phone	Work Phone				Mobile	
Email	Re	elationship to	child _		(Occupation
Do you speak English as a second langu	age? YES / NO If YES, Fir	st Language s	spoken a	at home _		
Does the child reside with you?	Name c	of step-paren	t (if app	licable):		
If the guardians listed above are not the document and supply copies of applicab		olease give de	rtail of g	uardiansh	ip on the addition	al notes page at the end of the
Is there a current family court order?	YES / NO If YES,	, please supp	ly а сор	y to the sc	hool	
OTHER CHILDREN / SIBLINGS						Student at GGSS?
Name of sibling	Date	e of Birth	/		Gender	
Name of sibling	Date	e of Birth	/	/	Gender	□
Name of sibling	Date	e of Birth	/	/	Gender	

EMERGENCY CONTACT #1 Adults OTHER THAN parents/guardians in case parents/guardians cannot be contacted: Relationship to the child: _____ _____ Mobile _____ _____ Work Phone _____ Home Phone ____ **EMERGENCY CONTACT #2** Adults OTHER THAN parents/guardians in case parents/guardians cannot be contacted: Relationship to the child: _____ Mobile _____ _____ Work Phone _____ Home Phone ___ **MEDICAL HISTORY** 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? YES / NO If YES, please give details: ___ Have there been any traumatic, physical, mental or emotional experiences for your child? YES / NO If YES, please give details: ___ Immunisation Status: ___ Does your child suffer from ear or hearing problems? YES / NO If YES, please give details: ____ Has your child ever had their vision tested? YES / NO If YES, please give details: ___ ☐ Left Sided Is your child? ☐ Left Handed ☐ Right Handed ☐ Right Sided Does your child have any dietary restrictions, allergies or medical conditions? YES / NO If YES please answer further details below 1st Medical Condition, dietary restrictions or allergy symptoms and management (please describe below) Severity of Symptoms: □Mild ☐ Moderate - self managed with medication ☐Severe - possibility if an emergency arising 2nd Medical Condition, dietary restrictions or allergy symptoms and management (please describe below) □Mild Severity of Symptoms: ☐Moderate - self managed with medication ☐Severe - possibility if an emergency arising If more Medical Condition, Allergy or Dietary Restriction information needs to be provided, please add on the additional notes page at the end of this

Has you child had any type of medical or therapeutic intervention? YES/NO If YES, please give details:

Does your child regularly or frequently take a prescribed medicine or homeopathic remedy? YES / NO If YES, please give details:

I give consent for minor injuries incurred by my child to be treated with homeopathic remedies. YES / NO

☐ Please tick to acknowledge that you are aware that Goora Gan Steiner School is obligated to provide first aid and seek emergency medical response should your child be injured.

document.

SPECIAL CIRCUMSTANCES
Please provide details below of any special circumstances of the student that may need to be taken into account by the school including medical conditions not listed previously; diagnosed disabilities, special gifts, talents, or needs; behavioural issues; psychological and/or other relevant test resu
Has your child been diagnosed with a disability? YES / NO If YES, please give details:
Has there been any major disruption (illness, separation, moving, travelling) in your child's life? YES / NO If YES, please give details:
Has your child ever been referred to a speech therapist, occupational therapist or had any other kind of developmental assessment or attended Early Intervention, counselling or play therapy? YES / NO If YES, please give 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? YES / NO If YES, please give details:
Has a specialist, psychologist, psychiatrist or any child guidance clinic been consulted? YES / NO If YES, what was the nature of your concern? and what where the outcomes or recommendations?
Has a specialist, psychologist, psychiatrist or any child guidance clinic been consulted? YES / NO Do we have permission to speak to the teachers/professionals who have worked with your child? YES / NO
Has your child ever been expelled, suspended, asked to leave a school or been convicted of a criminal offence? YES / NO
If YES, please give details: 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 are level of support required by the student to participate in all aspects of the education program.
ADDITIONAL INFORMATION Is there anything specific you would like to discuss during an enrolment interview?
Sometimes behavioural problems are associated with food intolerances, hearing difficulties, over-stimulation or other disorders. If your child's teacher observes inappropriate behaviour and recommends another professional opinion, are you prepared to follow this advice? YES / NO Please give detail:
Other information which needs to be supplied includes: previous school reports, applicable medical and or psychological examination reports or ot relevant reports etc.
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 REF: Child's name
 I/We hereby apply to the Goora Gan Steiner School (GGSS) for the enrolment of the above student. In signing this form I/We accept full responsibility for payment of the enrolment application fees.
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.

Signature of Parent / Guardian	Date:
Signature of Parent / Guardian	Date:

YOUR APPLICATION CHECKLIST			
Completed and Signed Enrolment Application Form Payment of Enrolment Application Fee \$110 Copies of legal documents pertaining to parenting arrangements (if applicable) Current court orders (if applicable) Birth certificate ready for school to sight Copy of recent school reports Copies of applicable medical reports/psychological assessments	0000000	International Students Only: Certified copy of passport Proof of insurance Proof of visa status	000

Standard Collection Notice

- 1. The School collects personal information, including sensitive information about students and parents or guardians before and during the course of a student'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 students enrolled at the school, exercise its duty of care, engage in marketing/fundraising and perform necessary associated administrative activities, which will enable students to take part in all the activities of the School.
- 2. 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.
- 3. 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.
- 4. Health information about students is sensitive information within the terms of the Australian Privacy Principles (APPs) under the Privacy Act 1988. We may ask you to provide medical reports about students from time to time.
- 5. The School may disclose personal and sensitive information for educational, legal, administrative, marketing and support purposes. This may include to:
 - other schools and teachers at those schools;
 - government departments (including for policy and funding purposes);
 - medical practitioners;
 - people providing educational, support and health services to the School, including specialist visiting teachers, [sports] coaches, volunteers, and counsellors;
 - providers of learning and assessment tools;
 - assessment and educational authorities, including the Australian Curriculum, Assessment and Reporting Authority (ACARA) and NAPLAN Test Administration Authorities (who will disclose it to the entity that manages the online platform for NAPLAN);
 - people providing administrative and financial services to the School;
 - anyone you authorise the School to disclose information to; and
 - anyone to whom the School is required or authorised by law, including child protection laws, to disclose the information.
- 6. Personal information collected from students is regularly disclosed to their parents or guardians.
- 7. The School may use online or 'cloud' service providers to store personal information and to provide services to the School that involve the use of personal information, such as services relating to email, instant messaging and education and assessment applications. Some limited personal information may also be provided to these service providers to enable them to authenticate users that access their services. This personal information may reside on a cloud service provider's servers which may be situated outside Australia. Further information about the School's use of on online or 'cloud' service providers is contained in the School's Privacy Policy.
- 8. The School's Privacy Policy, accessible on the School's website, sets out how parents or students may seek access to and correction of their personal information which the School has collected and holds. However, access may be refused in certain circumstances such as 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 a student, or where students have provided information in confidence. Any refusal will be notified in writing with reasons if appropriate.
- 9. The School's Privacy Policy also sets out how parents and students can make a complaint about a breach of the APPs and how the complaint will be handled.
- 10. The School may engage 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.
- 11. On occasions information such as academic and sporting achievements, student activities and similar news is published in School newsletters and magazines, on our intranet [and on our website] this may include photographs and videos of student activities such as sporting events, school camps and school excursions. The School will obtain permissions upon enrolment from the student's parent or guardian (and from the student if appropriate) if we would like to include such photographs or videos [or other identifying material] in our promotional material or otherwise make this material available to the public such as on the internet.
- 12. We may include students' and students' parents' contact details in a class list and School directory.
- 13. 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.

OFFICE USE ONLY:			
Document signed Sighted Birth Cert Application Fee \$110	Copies of court orders Copies of school reports Copies of medical reports	International Students: Copy of passport Copy of proof of insurance Copy of visa status	Notes

ADDITIONAL NOTES: Please added any additional notes from previous questions where not enough space was provided for your answers.