



Enrolment Application

CHECKLIST

To enable your child's enrolment to Tropical North Steiner School proceeds smoothly, please ensure you have:

- Paid the application fee**
- Attached a copy of your child's birth certificate**
- Attached a copy of your child's immunisation schedule**
- Signed the declaration pages of the Enrolment Application form.**

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- Attached a copy of Visa if applicable
 - Attached a copy of passport if applicable
 - Attached a copy of Medical insurance if applicable

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- Attached a copy of current Court Orders if applicable

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- Attached a copy of your child's two most recent school reports if applicable

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- Attached a copy of learning needs assessments/reports (e.g. psychological assessment, specialist report, learning support program, behaviour management plan etc.) if applicable

A separate enrolment form is required for each student / child in the family. Application fee is subject to change. Please refer to the fee policy to confirm the cost at time of lodgement. Applications are placed on a waiting list from the date of fee payment.

STUDENT'S DETAILS

Please provide a copy of the child's birth certificate and visa/passport/medical insurance if applicable

Full name (Given name, middle name, surname)	
Preferred name	
Date of Birth	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Residential Address	
Postal Address if different	
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 other than 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 Date of Entry (Month, Year)	
Proposed Class of Entry	<input type="checkbox"/> Prep <input type="checkbox"/> Class:
Sibling details	
Does the proposed student have siblings already enrolled at the TNSS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list name/s of sibling(s) at TNSS	

Additional for International students	
Country issuing passport	
Passport No and expiry	
Visa Code/Number and expiry	
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

PARENT/GUARDIAN 1 DETAILS

Surname	
Given name	
Relationship to child	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Other
Does the child live with this parent /guardian?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address:	Postcode:
Home Phone:	Mobile:
Work Phone:	Email:
Occupation	
Name of step parent (if applicable)	Phone:

PARENT/GUARDIAN 2 DETAILS

Surname	
Given name	
Relationship to child	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Other
Does the child live with this parent /guardian?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address:	Postcode:
Home Phone:	Mobile:
Work Phone:	Email:
Occupation	
Name of step parent (if applicable)	Phone:

COURT ORDERS RELATING TO THE CHILD

If the child is not living with both parents, as named on their birth certificate, at one address, please complete the section below (Copies of parenting court order/Child protection order/Parent agreement must be provided to the school at enrolment and must be replaced whenever changes are made)

Are there any current court orders/other orders in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any other special circumstances we need to be aware of in regards to your child's living arrangements/guardianship?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Student lives with	<input type="checkbox"/> Mother only <input type="checkbox"/> Father only <input type="checkbox"/> Shared care <input type="checkbox"/> Other (please specify):
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 <input type="checkbox"/> Father/ Guardian 2

Please provide details or attach a separate sheet if needed:
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HEALTH/MEDICAL INFORMATION

Please provide details for any medical problem and attach more information if necessary

Medical Conditions	
Allergies (incl drug allergies)	<input type="checkbox"/> No <input type="checkbox"/> Yes:
Anaphylaxis	<input type="checkbox"/> No <input type="checkbox"/> Yes:
Coeliac Disease	<input type="checkbox"/> No <input type="checkbox"/> Yes:
Specific Diet Requirement	<input type="checkbox"/> No <input type="checkbox"/> Yes:
Other autoimmune disorders	<input type="checkbox"/> No <input type="checkbox"/> Yes:
Heart Problems	<input type="checkbox"/> No <input type="checkbox"/> Yes:
Respiratory problems (e.g. asthma)	<input type="checkbox"/> No <input type="checkbox"/> Yes:
Back, bone or joint problems	<input type="checkbox"/> No <input type="checkbox"/> Yes:
Epilepsy	<input type="checkbox"/> No <input type="checkbox"/> Yes:
Diabetes	<input type="checkbox"/> No <input type="checkbox"/> Yes:
ADD/ADHD/Autism Spectrum Disorder	<input type="checkbox"/> No <input type="checkbox"/> Yes:

Affective disorder/Anxiety disorder	<input type="checkbox"/> No <input type="checkbox"/> Yes:
Chronic infection (HIV, Hep B, Hep C)	<input type="checkbox"/> No <input type="checkbox"/> Yes:
Blood disorders (bleeding disorder etc)	<input type="checkbox"/> No <input type="checkbox"/> Yes:
Cancers	<input type="checkbox"/> No <input type="checkbox"/> Yes:
Conditions affecting the immune system	<input type="checkbox"/> No <input type="checkbox"/> Yes:
Recent illness	<input type="checkbox"/> No <input type="checkbox"/> Yes:
Condition affecting hearing	<input type="checkbox"/> No <input type="checkbox"/> Yes:
Condition affecting vision	<input type="checkbox"/> No <input type="checkbox"/> Yes:
Other condition	<input type="checkbox"/> No <input type="checkbox"/> Yes:

Regular Medication	
Does your child take any medication on a regular basis?	<input type="checkbox"/> No <input type="checkbox"/> Yes:

Please attach your child's childhood immunisation schedule

Immunisation Status		
<input type="checkbox"/> Fully immunised	<input type="checkbox"/> Partially Immunised	<input type="checkbox"/> Not immunised

Family Doctor	
Name	
Phone number	
Address	

Health Insurance	
Medicare card number	
Private Health Fund & number (if applicable)	

LEARNING SUPPORT NEEDS

As part of Tropical North Steiner School (TNSS) student support process, the school needs to ensure that it is able to meet the needs of any child; this may include learning support and behaviour support. Please ensure full disclosure of learning/social/emotional needs is made available to the school and attach all relevant supporting documentation.

Does the student have any physical, cognitive, sensory or social/emotional disability or challenge?

No Yes

If yes, please provide details:

Has the student had learning support from a previous school or independent provider or required classroom-based adjustments to be able to access the full curriculum offered? Or was it ever suggested that your child might benefit from an assessment/special support?

No Yes

If yes, please provide details - including name, phone number & email from teacher:

Has the student ever received support from allied health specialists such as psychologist, occupational therapist, speech therapist etc?

No Yes

If yes, please provide details:

FINANCIAL RESPONSIBILITY

Person 1 financially responsible for child's education	
Name	
Relationship to child	
Address	
Phone	
Signature	

Person 2 financially responsible for child's education	
Name	
Relationship to child	
Address	
Phone	
Signature	

DECLARATION

This section **MUST** be filled in.

I / We hereby apply to have the above-named child placed on the enrolment waiting list. Should he /she be accepted, following an interview, I / we undertake to support the rules and regulations of the school, and to be responsible for the payment of fees. I/ we will update the school with any changes to postal / email addresses and relevant changes to personal circumstances. I / we undertake to read & follow all relevant school policies and in particular will support the school's philosophy and educational goals.
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An Enrolment Application Fee of \$110 per student applies for processing.

This fee is not refundable and payable to:

Account Name: Tropical North Steiner School Inc.

BSB: 633-000

ACC: 159 645 795

Reference: [ENROL FEE - STUDENT'S NAME]

Signature of Parent/Guardian 1 : _____ Date: _____

Signature of Parent/Guardian 2 : _____ Date: _____