

Chrysalis School for Rudolf Steiner Education Enrolment Application & Enrolment Contract for Morning Star Kindergarten through to Class 8

| FOR OFFICE USE ONLY | | | |
|---|--|--|--|
| Copy of Birth Certificate | | Entered student information - Database | |
| Copy of latest School Report if applicable | | Acknowledged Application Form & Fee | |
| Copy of latest NAPLAN Results if applicable | | Copied info to Education Manager/Teacher | |
| Copy of education/medical assessments if applicable | | Education Manager Interview | |
| Copy of Vaccination History Statement | | Teacher/Guardian interview | |
| Copy Court Orders/Parenting Plans if applicable | | Enrolment Offer Letter sent | |
| Paid Application Fee | | Enrolment Acceptance & Fee received | |
| Processed Application Fee - Accounts | | Start Date in classroom | |

*Please note items marked with an asterix are Government required data collection.

Student and family details

STUDENT DETAILS

| | | | | | | |
|---|---|--|----------|--|---|---|
| Surname | | | | | | |
| Given Names | | | | | | |
| Preferred Name | | | | | | |
| Address | | | Postcode | | | |
| Telephone | | | | | | |
| Date of Birth | <table border="1"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> | | | | Sex* <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other | <input type="checkbox"/> Copy of birth certificate attached |
| | | | | | | |
| Main language other than English spoken at home* | Does the student speak a language other than English at home? (If more than one language is spoken at home, indicate the one that is spoken most often) No, English only <input type="checkbox"/> Yes, Other - please specify: _____ | | | | | |
| Indigenous status* | Is the student of Aboriginal or Torres Strait Islander origin? <input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, both Aboriginal and Torres Strait Islander | | | | | |
| Country of Birth* | In which country was the student born? <input type="checkbox"/> Australia <input type="checkbox"/> Other - please specify: _____ Is the student an Australian citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No Please attach copy of Student's Birth Certificate | | | | | |

**APPLICATION
DETAILS**

| | | | | | | |
|---|--|--|---|--|--------------------------------------|----------------------|
| Proposed Year and Level of Entry | Current Level of Schooling | | Proposed Term and Year of Entry (eg 2019) | | Proposed Level of Entry (eg Class 1) | |
| | Schooling History Has the student ever attended a Steiner School? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Schooling History | Previous school/s attended (include preschools) | | | | Year Level | Calendar Year |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| *Please attach copy of most recent school report* | | | | | | |
| 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. | | | | | |
| <p><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 Chrysalis. 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></p> | | | | | | |
| Photo permission | I/we do / do not give permission for my child's photograph to be used in the school electronic newsletter or website I/we do / do not give permission for photographs of my child to be published in the local newspaper or in school brochures or special displays that may be accompanied by my child's first name. | | | | | |

**SIBLING
DETAILS**

Please complete for all siblings regardless of what school they are enrolled in.

| Does the student have siblings? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
|--|---------------|----------------|-------|----------------|------------------------|
| Name | Date of Birth | Current School | Class | Proposed Class | Proposed Year of Entry |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORMER STUDENTS IN THE FAMILY

Student's relatives who were former students of the school.

| Name at School | Dates attended Chrysalis | Relationship to Student |
|----------------|--------------------------|-------------------------|
| | | |
| | | |
| | | |

**FAMILY
DETAILS**

| | MOTHER / PARENT 1 / GUARDIAN 1 | | FATHER / PARENT 2 / GUARDIAN 2 | |
|--|---|--|---|--|
| Relationship to student | | | | |
| Title (eg Mr, Ms, Mrs, Dr) | | | | |
| Surname | | | | |
| Given Names | | | | |
| Nationality | | | | |
| Main language other than English spoken at home | Does the mother / parent 1 / guardian 1 speak a language other than English at home? <i>(If more than one language is spoken, indicate the one that is)</i> <input type="checkbox"/> No, English only <input type="checkbox"/> Other - please specify: _____ | | Does the father / parent 2 / guardian 2 speak a language other than English at home? <i>(If more than one language is spoken, indicate the one that is)</i> <input type="checkbox"/> No, English only <input type="checkbox"/> Other - please specify: _____ | |
| Address (Home) | | | | |
| | P/code | | P/code | |
| Mailing Address | | | | |
| | P/code | | P/code | |
| Email | | | | |
| Phone numbers | Home | | Home | |
| | Work | | Work | |
| | Mobile | | Mobile | |

**FAMILY
DETAILS
(continued)**

| | | |
|---------------------------------------|---|---|
| Parental school education* | What is the <i>highest</i> level of schooling the mother / parent 1 / guardian 1 has completed? For persons who have never attended school mark 'Year 9 or equivalent or below' | What is the <i>highest</i> level of schooling the father / parent 2 / guardian 2 has completed? For persons who have never attended school mark 'Year 9 or equivalent or below' |
| | Mark one only | Mark one only |
| | Year 12 or equivalent <input type="checkbox"/> | Year 12 or equivalent <input type="checkbox"/> |
| | Year 11 or equivalent <input type="checkbox"/> | Year 11 or equivalent <input type="checkbox"/> |
| | Year 10 or equivalent <input type="checkbox"/> | Year 10 or equivalent <input type="checkbox"/> |
| | Year 9 or equivalent or below <input type="checkbox"/> | Year 9 or equivalent or below <input type="checkbox"/> |
| Parental non-school education* | What is the <i>highest</i> qualification the mother / parent 1 / guardian 1 has completed? | What is the <i>highest</i> qualification the father / parent 2 / guardian 2 has completed? |
| | Mark one only | Mark one only |
| | Bachelor degree or above <input type="checkbox"/> | Bachelor degree or above <input type="checkbox"/> |
| | Advanced diploma or Diploma <input type="checkbox"/> | Advanced diploma or Diploma <input type="checkbox"/> |
| | Certificate I to IV (incl trade certificate) <input type="checkbox"/> | Certificate I to IV (incl trade certificate) <input type="checkbox"/> |
| | No non-school qualification <input type="checkbox"/> | No non-school qualification <input type="checkbox"/> |
| Parental occupation* | What is the current occupation of the mother / parent 1 / guardian 1? | What is the current occupation of the father / parent 2 / guardian 2? |
| | | |

**FAMILY
RELATIONS**

| |
|---|
| Applicant Lives With: |
| <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother only <input type="checkbox"/> Father only <input type="checkbox"/> Guardian/s <input type="checkbox"/> Grandparents |
| <input type="checkbox"/> Shared Care <input type="checkbox"/> Other (please describe) |
| Where parents are separated or divorced, or both parents named above are not the natural parents of the student, please give details:(eg custody, step parents, guardianship arrangements) |
| |
| Are there any court orders concerning the welfare, safety or parenting arrangements of your child? |
| Please provide a copy of any relevant current court order |
| <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Please attach Court Orders |

**COURT
ORDERS**

Emergency Contact Details and Medical Information Form

EMERGENCY CONTACT INFORMATION

In case parents / guardians cannot be contacted

| | FIRST EMERGENCY CONTACT <i>other than parents/ guardians</i> | | SECOND EMERGENCY CONTACT <i>other than parents/ guardians</i> | |
|------------------------------------|---|--|--|--|
| Name | | | | |
| Relationship to Student | | | | |
| 1st phone number | Work Home Mobile | | Work Home Mobile | |
| 2nd phone number | Work Home Mobile | | Work Home Mobile | |

MEDICAL HISTORY AND INFORMATION

Please give full details and attach paper if space is insufficient. Please attach all supporting documentation.

| | |
|---|---|
| Current disabilities, medical conditions, illnesses or accidents | <p>Does the student have any physical, cognitive, social-emotional or sensory disabilities? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>Please write details in next section & provide relevant documentation</i></p> <p>Does the student have any serious medical condition or illness (including childhood illnesses)? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>Please write details in next section & provide relevant documentation</i></p> |
| Past disabilities, medical conditions, illnesses or accidents | <p>Has the student had any physical, cognitive, social-emotional or sensory disabilities? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>Please write details in next section & provide relevant documentation</i></p> <p>Has the student had any serious medical condition or illness (including childhood illnesses or accidents in the past)? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>Please write details in next section & provide relevant documentation</i></p> |
| Vaccination status | <p>Schools are required to keep records of the vaccination status of children enrolled.</p> <p>Has the student been vaccinated? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If so, please attach Vaccination History Statement form <input type="checkbox"/> Yes</p> |
| Any dietary needs | |

STUDENT MEDICAL INFORMATION DETAILS

| | |
|--|--|
| Disability, Medical Condition or Allergy, symptoms and management | |
| Severity of symptoms | <input type="checkbox"/> Mild <input type="checkbox"/> Moderate - self managed with medication <input type="checkbox"/> Severe - possibility of an emergency arising |
| Disability, Medical Condition or Allergy, symptoms and management | |
| 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 INFORMATION

| | | | |
|------------------------|--|-------------------------|--|
| Medicare Number | | Position on card | |
| | | Expiry | |

MEDICAL TREATMENTS

I give consent for minor injuries incurred by my child to be treated with homeopathic remedies.
 No Yes

I consent to the School, in the best interests of my child, and as it considers necessary or expedient (if reasonable attempts to contact the nominated 'emergency contacts' have failed)

obtaining medical advice and treatment; or

obtaining medical advice and treatment except for the following treatments: (insert excluded treatments below)

If the school considers the excluded treatment is necessary, I request that the school take the following steps in its place:
 (insert alternative treatments)

Parent / Guardian Enrolment Contract Agreement

SIGNATURES

Both parents or guardians MUST sign this application form, where applicable.

I/We hereby apply to Chrysalis School for Rudolf Steiner Education for the enrolment of the above student.

I/We understand that acceptance of this form by Chrysalis does not constitute admission of the student nor guarantee an interview or the offer of a place.

I/We understand that we will be required to agree to the terms of the *Privacy Policy - Collections Notice, Enrolment Policy, and the School Fee information* at the time our child is offered a place at the School, and that these conditions of entry can be updated from time to time.

I/We declare that we support the Chrysalis ethos and abide by the school's Policies, Procedures and Codes of Conduct.

I/We enclose our application fee of \$150. This fee is to cover administration costs and is non-refundable.

I/We give permission for the Education/Business Manager to seek information, including information about previous payment history, from previous school/institutions attended by the student.

I/We hereby declare that the information provided by us is true and correct at the time of the application.

| | | | |
|--|--|-------------|--|
| Signature of Mother / Parent 1 / Guardian 1 | | | |
| Name | | Date | |
| Signature of Father / Parent 2 / Guardian 2 | | | |
| Name | | Date | |

Fee Payment Details and Signatures of Payers

DETAILS OF PERSON/S RESPONSIBLE FOR PAYMENT OF SCHOOL FEES, CHARGES & SUNDRY COSTS

| | NAME 1 | | NAME 2 | |
|--------------------------------------|------------------------|--|------------------------|--|
| Relationship To Student | | | | |
| Title (eg Mr. Ms. Mrs. Dr) | | | | |
| Surname | | | | |
| Given Names | | | | |
| Country of Birth | | | | |
| Mailing Address | | | | |
| Telephone (Home) | Work Home Mobile | | Work Home Mobile | |
| Signature | Date: | | Date: | |

SIGNED ON BEHALF OF
Chrysalis

_____ EM/BM Date: | |

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NON-REFUNDABLE APPLICATION FEE

| | | | | | |
|--|--|--|--|--------------------|-------|
| Paying by | <input type="checkbox"/> Cheque / Money Order <input type="checkbox"/> Cash <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Direct Deposit | | | | |
| Card Number | | | | Expiry | |
| Name on Card | | | | Amount Paid | \$150 |
| Chrysalis Bank Details for Direct Deposit | Bananacoast Community Credit Union BSB# 533-000 Account # 80460 (for BCCU customers, include S1 account). <i>Note: Please use payer's name as the reference (not the student's name)</i> | | | | |
| Signed | Date: | | | | |

Notes:

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