

Chrysalis School for Rudolf Steiner Education Enrolment Application Form- Enrolment Contract Kindergarten - Class 8

FOR OFFICE USE ONLY			
Copy of Birth Certificate		Entered student information - Database	
Copy of latest School Report if applic.		Acknowledged App. Form & Fee	
Copy of latest NAPLAN Results if applic.		Copied info to Ed Manager/Teacher	
Copy of educ/medical assessments if applic.		Ed and Business Manager Interview	
Copy of Vaccination History Statement		Teacher/Guardian interview	
Copy Court Orders/Parenting Plans if applic.		Enrol. Offer Letter sent	
Paid Application Fee		Enrol. Acceptance & Fee received	
Processed Application Fee - Accounts			

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

Student and family details

STUDENT DETAILS

Surname						
Given Names						
Preferred						
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"/> 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 2014)		Proposed Level of Entry (eg Class 1)	
	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					

**APPLICATION
DETAILS
(continued)**

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>

**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	Age	Current school	Class	Waitlist Yes/No	Proposed Class	Proposed Year of Entry

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	<p>Does the mother/parent 1/ guardian2 speak a language other than English at home? <i>(If more than one language is spoken, indicate the one that is spoken most)</i></p> <p><input type="checkbox"/> No, English only <input type="checkbox"/> Other - please specify: _____</p>	<p>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 spoken most)</i></p> <p><input type="checkbox"/> No, English only <input type="checkbox"/> Other - please specify: _____</p>
Address (Home)		
	P/code	P/code
Mailing Address		
	P/code	P/code
Phone numbers	Home	Home
	Work	Work
	Mobile	Mobile
Email		

FAMILY
DETAILS
(continued)

Parental school education*	<p>What is the <i>highest</i> level of primary or secondary schooling the mother/parent 1/ guardian 1 has completed?</p> <p>For persons who have never attended school mark 'Year 9 or equivalent or below'</p> <p style="text-align: right;">Mark one only</p> <p>Year 12 or equivalent <input type="checkbox"/></p> <p>Year 11 or equivalent <input type="checkbox"/></p> <p>Year 10 or equivalent <input type="checkbox"/></p> <p>Year 9 or equivalent or below <input type="checkbox"/></p>	<p>What is the <i>highest</i> level of primary or secondary schooling the father/parent 2/ guardian 2 has completed?</p> <p>For persons who have never attended school mark 'Year 9 or equivalent or below'</p> <p style="text-align: right;">Mark one only</p> <p>Year 12 or equivalent <input type="checkbox"/></p> <p>Year 11 or equivalent <input type="checkbox"/></p> <p>Year 10 or equivalent <input type="checkbox"/></p> <p>Year 9 or equivalent or below <input type="checkbox"/></p>
-----------------------------------	---	---

Parental non-school education*	What is the <i>highest</i> qualification the mother/parent 1/guardian 1 has	What is the <i>highest</i> qualification the father/parent 2/guardian 2 has
	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 group* <i>Refer to List of Parent Occupation Groups attached</i>	What is the occupation group of the mother/parent 1/guardian 1?	Group <input type="text"/>	What is the occupation group of the father/parent 2/guardian 2?	Group <input type="text"/>
	Please select the appropriate parent occupation from the <i>List of Parental Occupation Groups on the back page</i>		Please select the appropriate parent occupation from the <i>List of Parental Occupation Groups on back page</i> .	
	<ul style="list-style-type: none"> • If the person is not currently in <u>paid</u> work but had a job in the last 12 months or has retired in the last 12 months, please use the person's last occupation • If the person has not been in <u>paid</u> work in the last 12 months, enter '8' above. 		<ul style="list-style-type: none"> • If the person is not currently in <u>paid</u> work but had a job in the last 12 months or has retired in the last 12 months, please use the person's last occupation • If the person has not been in <u>paid</u> work in the last 12 months, enter '8' above. 	

FAMILY RELATIONS

Applicant Lives With:
<input type="checkbox"/> Both Parents <input type="checkbox"/> Mother only <input type="checkbox"/> Father only <input type="checkbox"/> Guardian <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)

COURT ORDERS

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

FORMER STUDENTS IN THE FAMILY

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

Name at school	Dates attended Chrysalis	Relationship to student

Emergency Contact Details and Medical Information Form

		FIRST EMERGENCY CONTACT		SECOND EMERGENCY CONTACT	
EMERGENCY CONTACT INFORMATION	Name				
	Relationship to student				
	1 st phone number	Work Home Mobile		Work Home Mobile	
	2 nd phone number	Work Home Mobile		Work Home Mobile	

Emergency contact details OTHER THAN parents/ guardians in case parents/ guardians

MEDICAL HISTORY AND INFORMATION <i>Please give full details and attach paper if space is insufficient. Please attach all supporting documentation.</i>	Current disabilities, medical conditions, illnesses or accidents	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> 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>
	Past disabilities, medical conditions, illnesses or accidents	Has 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> 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>
	Vaccination status	Schools are required to keep records of the vaccination status of children enrolled. Has the student been vaccinated? <input type="checkbox"/> No <input type="checkbox"/> Yes Please attach Vaccination History Statement/ Conscientious objection form <input type="checkbox"/> Yes
	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

DOCTOR'S INFORMATION

Doctor's Name	Phone:		
Medicare Number	Private Health Insurer and Number		

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)

Fee Payment Details and Parent/Guardian Signatures

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		Work	
	Home		Home	
	Mobile		Mobile	
Signature	Date:		Date:	

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	

SIGNED ON BEHALF OF Chrysalis

_____ **EM/BM Date:** | | |

✂

NON-REFUNDABLE APPLICATION FEE

Paying by	<input type="checkbox"/> Cheque/Money Order made payable to Chrysalis School for Rudolf Steiner Education		
Card Number		Expiry	
Name on Card		Amount Paid	\$150
Chrysalis Bank Details for Direct Deposit	Bananacoast Community Credit Union BSB# 704-328 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:	

Parental Occupation Codes for NAPLAN Data Collection

Group 1: Senior management in large business organisation, government administration and defence, and qualified professionals

Senior executive/manager/department head in industry, commerce, media or other large organisation.
Public service manager (Section head or above), regional director, health/education/police/fire services administrator
Other administrator [school principal, faculty head/dean, library/museum/gallery director, research facility director]
Defence Forces Commissioned Officer
Professionals generally have degree or higher qualifications and experience in applying this knowledge to design, develop or operate complex systems; identify, treat and advise on problems; and teach others.
Health, Education, Law, Social Welfare, Engineering, Science, Computing professional
Business [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer]
Air/sea transport [aircraft/ship's captain/officer/pilot, flight officer, flying instructor, air traffic controller]

Group 2: Other business managers, arts/media/sportspersons and associate professionals

Owner/manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business
Specialist manager [finance/engineering/production/personnel/industrial relations/sales/marketing]
Financial services manager [bank branch manager, finance/investment/insurance broker, credit/loans officer]
Retail sales/services manager [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency]
Arts/media/sports [musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/woman, coach, trainer, sports official]
Associate professionals generally have diploma/technical qualifications and support managers and professionals.
Health, Education, Law, Social Welfare, Engineering, Science, Computing technician/associate professional
Business/administration [recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager]
Defence Forces senior Non-Commissioned Officer

Group 3: Tradesmen/women, clerks and skilled office, sales and service staff

Tradesmen/women generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group.
Clerks [bookkeeper, bank/PO clerk, statistical/actuarial clerk, accounting/claims/audit clerk, payroll clerk, recording/registry/filing clerk, betting clerk, stores/inventory clerk, purchasing/order clerk, freight/transport/shipping clerk, bond clerk, customs agent, customer services clerk, admissions clerk]
Skilled office, sales and service staff.
Office [secretary, personal assistant, desktop publishing operator, switchboard operator]
Sales [company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher]
Service [aged/disabled/refugee/child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor]

Group 4: Machine operators, hospitality staff, assistants, labourers and related workers

Drivers, mobile plant, production/processing machinery and other machinery operators.
Hospitality staff [hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, porter, housekeeper]
Office assistants, sales assistants and other assistants.
Office [typist, word processing/data entry/business machine operator, receptionist, office assistant]
Sales [sales assistant, motor vehicle/caravan/parts salesperson, checkout operator, cashier, bus/train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker]
Assistant/aide [trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant]
Labourers and related workers
Defence Forces ranks below senior NCO not included above
Agriculture, horticulture, forestry, fishing, mining worker [farm overseer, shearer, wool/hide classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand]
Other worker [labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor]