Application for Admission Kindergarten 4 to Class 6

West Coast Steiner School accepts applications throughout the academic year, with a focus on students commencing at the beginning of a term, however consideration is given to all applications received. The process for enrolling students takes place in the following stages:



Stage 1: Submit a completed Application for Admission form with the non-refundable application fee of \$65.00. Your application will be placed onto our applicant list for the relevant class. This does not secure an enrolled place nor does it create any legal obligation upon the School to make a place available or to take applicants in a particular order.

Stage 2: Should a place become available, you will be sent an Enrolment Pack. The completed Student Particulars Form and Student Biography Form, along with all supporting documents, must be returned to School by the due date.

Stage 3: A Family Interview will then be scheduled between parents/guardians and a member of the Enrolments Team and Teaching Staff. Both parents/guardians are expected to attend.

Stage 4: All supplied information is collated and verified to ascertain how the School might best support the student should enrolment proceed. An additional interview may be required with the Principal/Deputy Principal or Learning Support Co-ordinator.

Stage 5: An Enrolment Contract may be offered. Once a signed acceptance and payment of the enrolment fee have been received, the student will be enrolled at WCSS.

APPLICATION FOR ADMISSION

A parent or legal guardian of the child should complete this form in full, ensuring the information is accurate and up-to-date at the time of submission. The School will not progress an application until it is completely satisfied that all the required information has been received, that it is accurate and legally compliant.

This is an Application for Admission only – submitting this form to the School does not mean that the enrolment has been accepted by the School. You will be notified by the Enrolments Team about the outcome of your application at the earliest possible opportunity. Should a place become available, both parents/guardians (if applicable) and the child being enrolled will be required to attend an interview with a member of the Enrolments team and the Teacher. This is the next step in the process towards enrolment but does not guarantee enrolment.

Please complete this form and return, along with the non-refundable application fee, to enrolments@wcss.wa.edu.au

APPLICATION DETAILS (please circle the class and desired term and year of entry for this application)												
Kindy 4	Kindy 5	ı	Kindy 6 Class 1		1 Class		s 2	Clas	class 4		Class 5	Class 6
Term 1 (February-April) Term 2 (April-June) Term 3 (July-September) Term 4 (October-December)						December)						
2025			2026	20		27 2028		2029				
How did you hear about West Coast Steiner School?												
☐ Website ☐ Advertising ☐ Event ☐ Live locally ☐ Word of Mouth ☐ Social Media												
☐ Recommendation from a past or current School family- please provide the reasons given:												
Have you attended a School Tour? ☐ YES ☐ NO – we highly recommend you take a tour.												

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STUDENT DETAILS							
Family Name		G	Given Name				
Preferred Name		G	Gender/Identifies as □ Male □ Female □ Other				
Birth Date / / Birth Country		•	Religion				
ADDITIONAL INFORMATION AND SPECIFIC NEEDS The School must be informed of any learning, physical, behavioural or environmental conditions or medical needs/concerns that may affect the student's learning ability, social interactions or physical capabilities. This information will assist the School in determining how it can best support the student and you may be asked to provide additional information and supporting documentation should enrolment proceed. Failure to disclose all such information may jeopardise this application.							
Confidentiality and Privacy All information provided on this form will be treated confidentially. Under the Privacy Act, West Coast Steiner School is required to provide you with certain information as to how we protect your privacy and how we comply with the requirements of the Privacy Act (1988) and the Australian Privacy Principles (2104). This information is set out in the School's Privacy Policy which is available on the on our website and upon request from Reception. We strongly recommend that you read our Privacy Policy and if you have any queries with respect to its content contact the Principal at education@wcss.wa.edu.au .							
Is the student an Australian Citizen ☐ Yes ☐ No – please advise residency status							
Main Language(s) spoken at home ☐ English ☐ Other, please provide details If not English, can the student communicate needs effectively in English? ☐ Yes ☐ No							
Current School (if applicable) Current School (if applicable) Current School (if applicable)							
Name, position & phone number of teacher/contact at current school							
Has the student been identified as, or received extension/support for being gifted and talented?							
□ Yes □ No							
Does the student have a health/medical condition that requires a specific management plan and/or support from school staff, e.g. asthma, allergic reactions?							
□ Yes □ No							
Does the student have a suspected or diagnosed disability or learning difficulty that may impact on their safety, participation or learning, e.g. intellectual, physical or emotional?							
□ Yes □ No							
Does the student live full time	with both parents?	Are ther	there any legal/custody/safety issues?				
☐ Yes ☐ No		☐ Yes	es 🗆 No				
 If answering Yes to any of the above please provide supporting documentation. 							

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PARENT/GUARDIA	N 1							
Title	Last Name					First Name		
Preferred Name				Relation	Relationship to Student			
Home Address								
State		Post Code			Count	ry		
Home/Work Phone				Mobile				
Email Address								
Occupation			Empl	oyer/Positio	n			
PARENT/GUARDIA	N 2							
Title	Last Name					First Name		
Preferred Name				Relationship to Student				
Home Address								
State		Post Code			Count	ry		
Home/Work Phone				Mobile				
Email Address								
Occupation			Empl	oyer/Positio	n			
APPLICATION FEE								
					This App	olication Fee is an administrative charge		
and is not refundabl	e . Please indic	ate your payn	nent m	nethod.				
☐ Cash	Please pay	at Reception	– do n	not send cas	h by pos	st		
☐ Bank Transfer	Reference	-your child's f	irst and	d last name				
Account Name: West Co			oast St	bast Steiner School BSB: 633 000 Account: 132 717 638				
☐ EFTPOS Available at Reception or			r by pl	hone				
☐ Credit Card	Credit Car	d attracts 2.5%	% merc	chant fee				
West Coast Steiner S 15 Mayfair Street	chool				т	: 08 9440 1771		
Nollamara WA 6061						: <u>enrolments@wcss.wa.edu.au</u>		

DECLARATION
I, THE PARENT/GUARDIAN OF THE CHILD NAMED,
HEREBY APPLY FOR ADMISSION TO THE WEST COAST STEINER SCHOOL.
LUNDEDCTAND.

I UNDERSTAND:

- the Application for Admission is the first stage of the application process and does not guarantee a place at the West Coast Steiner School.
- the School follows the Australian Steiner Curriculum Framework, which has been recognised by the Federal
 and State Governments. The Curriculum meets the same outcomes as the National Australian Curriculum,
 however there may be differences regarding some of the content which may have implications for our child,
 if transferring from/to a Steiner School.
- the student is required to participate fully in the School's programmes, including, but not limited to, compulsory camps and excursions. Exemptions may be permitted on relevant medical advice.
- further information regarding West Coast Steiner School and its policy and procedure documents can be found on the School's website https://www.wcss.wa.edu.au/
- that parent/guardians (K5-C6) are expected to contribute to the WCSS Family Commitment Scheme, either
 by donating voluntary hours or through a monetary contribution. The Family Commitment Scheme Policy
 is available on the School website or at Reception.
- siblings of existing students with unpaid fees will normally not be accepted into the School.

I CONFIRM:

- I am familiar with the School's culture and ethos and am comfortable for my child to be educated within it.
- WCSS has my authorisation to contact the student's previous school/s if necessary.
- This application has been completed in full and the information provided is correct.
- I am able and willing to meet the financial obligations associated with the possible offer of enrolment for the duration of the enrolment of my child and understand that WCSS has a strict Debt Recovery Policy.
- The non-refundable Application Fee is enclosed with this application.

I HAVE ATTACHED:

- A copy of the student's birth certificate (or the student's passport and visa if they are not an Australian Citizen).
- Copies of relevant documents that relate to the student's specific needs (if applicable).

Parent/Guardian 1	Parent Guardian 2
Name	Name
Signature	Signature
Date	Date

OFFICE USE ONLY				
Date Application Received	Account Code			
Amount Received	Receipt Number			