

APPLICATION FOR STUDENT ENROLMENT

Please complete the application form in full and return it with supporting documentation and the non-refundable application fee of \$65.00 to:



Enrolment Officer
West Coast Steiner School
15 Mayfair Street
Nollamara WA 6061
enrolments@wcsc.wa.edu.au

STUDENT DETAILS									
Family Name:									
Given Names:								Male/Female	
Home Address:									
								Postcode:	
Date of Birth:								Country of Birth:	
Religious Denomination:									
Is the student of Aboriginal Descent? YES NO					Torres Strait Islander Descent? YES NO				
Australian Citizen: YES NO					Permanent Resident: YES NO				
Temporary Resident: YES NO			Visa Category:				Length of Stay:		
Primary Language(s) Spoken at Home:									
If other than English, can the student communicate their needs effectively in English? YES NO If NO, please give details.									
Current School:								Current Class Year:	
Do you have children currently enrolled at WCSS? YES NO If YES, please give details.									
Have you attended a WCSS School Tour? YES NO									
How did you hear about the West Coast Steiner School?									
APPLICATION DETAILS									
Please circle the class, the term and year of entry:									
Kindy 4	Kindy 5	Kindy 6	Class 1	Class 2	Class 3	Class 4	Class 5	Class 6	
Term 1. Feb - Apr		Term 2. Apr - June		Term 3. July - Sep		Term 4. Oct - Dec			
2024		2025		2026		2027		2028	
SPECIFIC NEEDS & ADDITIONAL INFORMATION									
In the interest of supporting the student, it is vital for the school to be informed of any learning, physical, behavioural or medical needs/concerns that may affect the student's learning ability, social interactions or physical capabilities whilst at school. Please provide as much information as possible and copies of supporting documentation.									
Does the student have a known disability, e.g. intellectual, physical, auditory, visual or emotional? YES NO If YES, please give details below or continue on a separate sheet.									

Does the student have a known medical condition and/or requires medication? If YES, please give details below or continue on a separate sheet.		YES	NO
Has the student ever been tested and/or received support in the following?			
Speech/Language/Auditory		YES	NO
ADD/ADHD		YES	NO
Literacy/Numeracy		YES	NO
Emotional/Behavioural		YES	NO
If YES, please give details below or continue on a separate sheet.			
Has the student been/is currently suspended or excluded from another school? If YES, please give details below or continue on a separate sheet.		YES	NO
Are there any concerns regarding the student's level of attendance or truancy issues? If YES, please give details below or continue on a separate sheet.			
Are there any current legal/custody/safety issues that we need to be aware of? If YES, please give details below or continue on a separate sheet.		YES	NO
PARENT/GUARDIAN 1 CONTACT DETAILS			
Parent/Guardian 1 Full Name:			
Parent/Guardian 1 Address:			
Postcode:			
Home/Work Phone:		Mobile:	
Email Address:			
Country of Birth:		Nationality:	
Occupation:		Employer:	
What is the highest year of primary or secondary school you have completed? *		<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below	
What is the level of the highest qualification you have completed? *		<input type="checkbox"/> Bachelor Degree or above <input type="checkbox"/> Advanced Diploma/Diploma <input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> No non-school qualification	

What is your occupation group? * *All schools in Australia are required to collect some additional background information on students as part of national reporting arrangements. This information is collected by schools in a uniform way across the country, in compliance with the Australian Education Act 2013 s.77.		____ (Write 1, 2, 3 or 4) <i>Please select the appropriate occupational group from the list attached to this form. If you are not currently in paid work, but have had a job in the past 12 months, please use your last occupation. If you have not been in paid work in the past 12 months, enter "8".</i>
PARENT/GUARDIAN 2 CONTACT DETAILS		
Parent/Guardian 2 Full Name:		
Parent/Guardian 2 Address:		
		Postcode:
Home/Work Phone:	Mobile:	
Email Address:		
Country of Birth:	Nationality:	
Occupation:	Employer:	
What is the highest year of primary or secondary school you have completed? *	<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below	
What is the level of the highest qualification you have completed? *	<input type="checkbox"/> Bachelor Degree or above <input type="checkbox"/> Advanced Diploma/Diploma <input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> No non-school qualification	
What is your occupation group? * *All schools in Australia are required to collect some additional background information on students as part of national reporting arrangements. This information is collected by schools in a uniform way across the country, in compliance with the Australian Education Act 2013 s.77.		____ (Write 1, 2, 3 or 4) <i>Please select the appropriate occupational group from the list attached to this form. If you are not currently in paid work, but have had a job in the past 12 months, please use your last occupation. If you have not been in paid work in the past 12 months, enter "8".</i>

SIGNATURES – BOTH PARENTS/GUARDIANS MUST COMPLETE

(Please tick):

- ☐ I/we understand that submitting an application is the first stage of the enrolment process and does not guarantee a place at the West Coast Steiner School.
- ☐ I/we have enclosed copies of the following required documents:
- A copy of the student's birth certificate (or a copy of the student's passport and visa if they are not an Australian Citizen).
 - A copy of the student's AIR Immunisation History Statement.
 - A copy of the student's most recent school report, class transcripts or examples of home schooling work.
 - Copies of relevant documents that relate to the student's specific needs (if applicable).
 - Copies of specific legal documents such as restraining orders or custody orders (if applicable).
- ☐ I/we authorise WCSS to contact the student's previous school if necessary.
- ☐ I/we confirm that the application has been completed in full and the information provided is correct.
- ☐ I/we have enclosed the non-refundable application fee of \$65.00.
- ☐ I/we understand that by submitting an application, I/we are able and willing to meet the financial obligations associated with an offer of enrolment for the duration of the enrolment. I/we acknowledge that WCSS has a strict Debt Recovery Policy. I/we understand and accept that any legal costs or other related expenses incurred by WCSS pursuing an outstanding account, including but not limited to: dishonoured cheques, fees, legal costs, formal debt collection costs, whether they are charged by scale or on any other basis, shall be paid by the applicant/s upon demand.
- ☐ By enrolling the student at the West Coast Steiner School, I/we acknowledge that the school follows the Australian Steiner Curriculum Framework, which has been recognised by the Federal and State Governments. I/we understand that the Curriculum meets the same outcomes as the National Australian Curriculum, however there may be differences concerning some of the content which may have implications for our child if they are transferring from/to a Steiner School. I agree to abide by the policies of the school as reviewed and adapted to satisfy registration with the Association of Independent Schools of Western Australia (AISWA).

Parent/Guardian 1:

Parent/Guardian 2:

Signature:

Signature:

Date:

Date:

APPLICATION FEE

Please indicate your payment method:

Cash*	Bank Transfer BSB: 633 000 Account: 132 717 638	EFTPOS or Credit Card** (Available at Reception or by phone)
*Please do not send cash by post.		**Credit Card attracts 2.5% merchant fee
West Coast Steiner School 15 Mayfair Street Nollamara WA 6061		T: 08 9440 1771 E: enrolments@wcoss.wa.edu.au

OFFICE USE ONLY

Application Received On:

Account Code:

Amount Received:

Receipt Number:



BIOGRAPHY FORM

Child's History

What was the pregnancy like?

Was it a hospital or home birth?

What family or friends were present?

How was the birth?

Were there any complications?

Approximate weight at birth? _____ Breastfed? _____ Until what age? _____

At what age did your child crawl? _____ Walk? _____ Talk? _____

Is your child toilet trained? Yes ☐ No ☐

When was your child toilet trained? _____

Were there any difficulties? Yes ☐ No ☐

If yes, please give details.

Does your child wet the bed? If yes, under what circumstances?	Yes	No
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Does your child suck thumb or fingers or have any other habits? For example, nail biting, sucking or twisting hair.	Yes	No
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Are there any letters or sounds your child does not speak clearly yet? If yes, please give details.	Yes	No
--	-----	----

Does your child have any difficulty hearing or seeing properly? If yes, please give details.	Yes	No
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Does your child have a history of recurring illness? E.g. ear infections. If yes, please give details.	Yes	No
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Home and Family Rhythms

Do both parents reside in the home? If no, please give details of the family dynamics including any safety or custody issues, and/or how much time is spent in each environment.	Yes	No
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How does your child awaken? For example, dreamy, crabby or cheery?

What time does your child go to bed on weekdays? _____ Weekends? _____

What, if any, is the bedtime ritual?

Does your child fall asleep easily?

Yes

No

If no, please give details.

Does your child sleep through the night?

Yes

No

If no, please give details.

Is there any history of recurring nightmares or dreams?

Yes

No

If yes, please give details.

Does your child follow any special diet?

Yes

No

If yes, please give details.

What type of food does your child like most? For example, salty, spicy, sour or sweet.

What are their least liked foods?

What meals does your child have with the entire family?

Are meals served at regular times?

Yes

No

Is your child allergic or sensitive to certain food groups?

Yes

No

If yes, please give details.

Has your child attended day care, family day care and/or stayed with extended family for long periods of time? Please give details.

Do both parents work outside of the home? Please give details.

Which language(s) is (are) spoken at home?

What nationalities/cultures are represented in the child's background (parents/grandparents)?

Is your child from a culturally and linguistically diverse background? If yes, please give details.	Yes	No
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What festivals or holidays does your family celebrate?

Play

What activities does your family do together that your child enjoys?

Does your child swim or enjoy any other physical activities?	Yes	No
Does your child watch TV or DVD's?	Yes	No
How often? _____ For how long? _____		

What programs?

Does your child go to movies?	Yes	No
How often?		

Does your child use a computer or games console?	Yes	No
How often? _____ For how long? _____		

What kinds of music does your child listen to at home?

Does your child have siblings?

Yes

No

If yes, what are their ages?

Describe their relationship and play.

Does your child have friends in the neighborhood?

Yes

No

If yes, what are their ages?

Describe their relationship and play.

Does your child have any pets?

Yes

No

If yes, please give details.

Does your child have any imaginary playmates?

Yes

No

If yes, please give details.

Does your child like playing alone?

Yes

No

Please give details.

What kind of play and toys does your child like most?

Does your child have a special toy or doll?

Conclusion

Please tell us what aspirations you have for your child:

Please tell us your expectations of the School:

Do you have any special background or interests which may be pertinent to your child's schooling?

Is there anything that you feel is pertinent to your child's biography that has not been covered here? For example, family dynamics, illnesses, trauma, moving, travelling.

Is there anything that you would rather discuss at the interview?

Thank you for taking the time to complete this form, it helps us to understand you and your child. This form and the information on it is private and confidential and will only be viewed by teaching staff.

We would also like a family photograph if you have one available.

Signature of Parent/Guardian 1 _____ Date _____

Signature of Parent/Guardian 2 _____ Date _____

Parental Occupation Groups

GROUP 1	GROUP 2	GROUP 3	GROUP 4
Senior management in large business organisation, government administration & defence, and qualified professionals	Other business managers, arts/media/sports persons and associate professionals	Tradesmen/women, clerks and skilled office, sales and service staff	Machine operators, hospitality staff, assistants, labourers and related workers
<p>Senior executive/manager/department head in industry, commerce, media or other large organisation</p> <p>Public service manager (section head or above), regional director, health/education/police/ fire services administrator</p> <p>Other administrator [school principal, faculty head/dean, library/museum/gallery director, research facility director]</p> <p>Defence Forces Commissioned Officer</p> <p>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</p> <p>Health, Education, Law, Social Welfare, Engineering, Science, Computing professional.</p> <p>Business [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer]</p> <p>Air/sea transport [aircraft/ships captain/officer/pilot, flight officer, flying instructor, air traffic controller]</p>	<p>Owner/manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business.</p> <p>Specialist manager [finance/engineering/production/ personnel/industrial relations/ sales/marketing]</p> <p>Financial services manager [bank branch manager, finance/ investment/insurance broker, credit/loans officer]</p> <p>Retail sales/services manager [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency]</p> <p>Arts/media/sports [musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/ woman, coach, trainer, sports official]</p> <p>Associate professionals generally have diploma/technical qualifications and support managers and professionals</p> <p>Health, Education, Law, Social Welfare, Engineering, Science, Computing technician/associate professional.</p> <p>Business/administration [recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager]</p> <p>Defence Forces senior Non-Commissioned Officer.</p>	<p>Tradesmen/women generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group.</p> <p>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]</p> <p>Skilled office, sales and service staff</p> <p>Office [secretary, personal assistant, desktop publishing operator, switchboard operator]</p> <p>Sales [company sales representative, auctioneer, insurance agent/ assessor/loss adjuster, market researcher]</p> <p>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]</p>	<p>Drivers, mobile plant, production/processing machinery and other machinery operators</p> <p>Hospitality staff [hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, porter, housekeeper]</p> <p>Office assistants, sales assistants and other assistants</p> <p>Office [typist, word processing/data entry/business machine operator, receptionist, office assistant]</p> <p>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]</p> <p>Assistant/aide [trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant]</p> <p>Labourers and related workers</p> <p>Defence Forces ranks below senior NCO not included in other groups</p> <p>Agriculture, horticulture, forestry, fishing, mining worker [farm overseer, shearer, wool/hide classer, farmhand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand]</p> <p>Other worker [labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor]</p>

These categories have been determined nationally and are designed as broad occupational groupings. All Australian states and territories use the same categories. Please select the appropriate parental occupation group from the list above. **If you are not currently in paid work, but have had a job in the last 12 months, please use your last occupation. If you have not been in paid work in the last 12 months, enter '8' instead.**