

# 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@wcss.wa.edu.au](mailto:enrolments@wcss.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/Torres Strait Islander Descent: <b>YES/NO</b>									
Australian Citizen: <b>YES/NO</b>						Permanent Resident: <b>YES/NO</b>			
Temporary Resident: <b>YES/NO</b>			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 West Coast Steiner School?			Website/Web	Magazine/Advertising	Friend	Other			
If OTHER, please give details.									
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	
2017	2018	2019	2020	2021					
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 students 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?							YES	NO	
If YES, please give details below or continue on a separate sheet.									
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 on a separate sheet.									

Has the student been/currently suspended or excluded from another school?		YES	NO
If YES, please give details on a separate sheet.			
Are there any concerns regarding the students level of attendance or truancy issues?		YES	NO
If YES, please give details on a separate sheet.			
Are there any current legal/custody/safety issues that we need to be aware of?		YES	NO
If YES, please give details on a separate sheet.			
<b>PARENT/GUARDIAN CONTACT DETAILS</b>			
Parent/Guardian 1 Full Name:			
Parent/Guardian 1 Address:			
			Postcode:
Home Phone:	Work:	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 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?*		<input type="checkbox"/> (Write 1,2, 3 or 4)	
<p>*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.</p>		<p>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 last 12 months, please use your last occupation. If you have not been in paid work in the last 12 months, enter "8".</p>	
<b>PARENT/GUARDIAN CONTACT DETAILS</b>			
Parent/Guardian 2 Full Name:			
Parent/Guardian 2 Address:			
			Postcode:
Home Phone:	Work:	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 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	

<p>What is your occupation group?*</p> <p>*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.</p>	<p><input type="checkbox"/> (Write 1,2, 3 or 4)</p> <p>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 last 12 months, please use your last occupation. If you have not been in paid work in the last 12 months, enter "8".</p>
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**SIGNATURES (If Parents/Guardians have joint custody, both signatures are required).**

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:

I/we understand that submitting an application is the first stage of the enrolment process and does not guarantee a place at West Coast Steiner School.

I/we have enclosed copies of the following required documents:

- A copy of the student’s birth certificate – Australian Citizens only.
- If the student is not an Australian Citizen, please provide a copy of the student’s passport and visa.
- A copy of the student’s last school report, class transcripts or examples of Home Schooling work.
- Copies of relevant documents that relate to the student’s specific needs.
- A copy of the student’s Immunisation Record or Conscientious Objector letter.
- Copies of specific legal documents such as Restraining Orders or Custody Orders

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 as a result of 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.

Parent/Guardian 1:	Parent/Guardian 2:
Signature:	Signature:
Date:	Date:

**APPLICATION FEE**

Please indicate your payment method:

Cash*	Cheque (payable to West Coast Steiner School)	EFTPOS	Credit Card (2.5% merchant fee)
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\*Please do not send cash by post.

EFTPOS & CC facilities available at the school office

West Coast Steiner School 15 Mayfair Street Nollamara WA 6061	T: 08 9440 1771 F: 08 9207 1532 E: <a href="mailto:enrolments@wcss.wa.edu.au">enrolments@wcss.wa.edu.au</a>
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**OFFICE USE ONLY**

Application Received On:	Account Code:
Amount Received:	Receipt Number:





## BIOGRAPHY FORM

Child's name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ Postcode \_\_\_\_\_  
Parent's name and telephone numbers \_\_\_\_\_

### 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? Yes No  
If yes, under what circumstances?

Does your child suck thumb or fingers or have any other habits? Yes No  
For example, nail biting, sucking or twisting hair.

Has your child been immunised? Yes No  
Triple Antigen or Homeopathically  
Measles/Mumps/Rubella Yes No  
4/5 Year old booster Yes No

Are there any letters or sounds your child does not speak clearly yet? Yes No  
If yes, please give details.

Does your child have any difficulty hearing or seeing properly? Yes      No  
If yes, please give details.

Does your child have a history of recurring illness? E.g. ear infections. Yes      No  
If yes, please give details.

### Home and Family Rhythms

Do both parents reside in the home? Yes      No  
If no, please give details of the family dynamics including any safety or custody issues.

How much time is spent in each environment?

Did your child settle into a sleep pattern easily? Yes      No  
If no, please give details.

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 yes, 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  
Vegetarian? Yes      No  
Vegan? Yes      No  
Dairy or Gluten Free? Yes      No  
Other - 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? Yes                      No  
If yes, please give details.

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

What are their ages?

Describe their relationship and play.

Does your child have friends in the neighborhood? Yes                      No

What are their ages?

Please 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

If yes, please give details.

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

Does your child have a special toy or doll?

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 (s) \_\_\_\_\_

Date \_\_\_\_\_

Guardian(s) \_\_\_\_\_

Date \_\_\_\_\_



## Parental Occupation Groups

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