

2020 STUDENT REGISTRATION FORM

Please ensure that both parents/guardians complete all areas of the form and return it by **Friday 07 February 2020** to:

Reception/Office Administrator
West Coast Steiner School
15 Mayfair Street
Nollamara WA 6061
reception@wcss.wa.edu.au



STUDENT DETAILS		
Family Name:		
Given Names:		Male/Female
Home Address:		
		Postcode:
Date of Birth:		Class:
ADDITIONAL INFORMATION		
Is your child an Australian Citizen?		YES NO
If NO, please attach a copy of their visa to the back of this form.		
Are there any current legal/custody/safety issues that we need to be aware of?		YES NO
If YES, please attach relevant documents to the back of this form. If separated, state who is the custodial parent:		
<i>Please note: Unless we are provided with court orders to the contrary, copies of relevant school correspondence, student reports, etc, will be posted to both custodial and non-custodial parents to the addresses provided.</i>		
PARENT/GUARDIAN 1 CONTACT DETAILS		
Parent/Guardian 1 Full Name:		
Parent/Guardian 1 Address:		
		Postcode:
Home Phone:	Work:	Mobile:
Email Address:		
PARENT/GUARDIAN 2 CONTACT DETAILS		
Parent/Guardian 2 Full Name:		
Parent/Guardian 2 Address:		
		Postcode:
Home Phone:	Work:	Mobile:
Email Address:		
EMERGENCY CONTACT DETAILS		
<i>In an emergency we contact parents first. If unsuccessful, we would then contact the following people:</i>		
Emergency Contact 1 Full Name:		
Relationship to Student:		
Home Phone:	Work:	Mobile:
Emergency Contact 2 Full Name:		
Relationship to Student:		
Home Phone:	Work:	Mobile:

STUDENT HEALTH CARE SUMMARY

If a student is seriously injured or needs medical attention and parents are not able to be contacted, they will be transported to hospital by ambulance and parents will cover the ambulance cost.

Medicare Number:

Expiry Date:

Number on Card:

Parents/guardians of students who are not eligible for Medicare are liable for excess and/or ongoing costs associated with injuries acquired whilst at school.

List any essential information that could affect your child in an emergency e.g. Allergy to penicillin.

ADMINISTRATION OF MEDICATION

Does your child have one or more health/medical conditions that will require a specific management plan and/or support from school staff, e.g. asthma, allergic reactions? **YES NO**

If YES, please give details:

Does your child require regularly prescribed medication? **YES NO**

If YES, please give details and ensure that medication is kept in the school office, is current and not expired.

Has your child's medical practitioner provided a health care plan to assist the school to manage the condition(s)? **YES NO**

If YES, please attach a copy to the back of this form.

If your child has a condition where an emergency may occur, do you give permission for your child's medical details and photo to be on view in order to provide immediate identification? **YES NO**

If YES, please attach a current photo of your child to the back of this form.

Does your child have a Medic Alert bracelet or pendant? **YES NO**

If YES, please give details below:

Do you give permission for school staff to administer first aid to your child, including some homeopathic remedies and essential oils? **YES NO**

Short term medication – Request an *Administration of Medication* form from the office.

Long term medication – Complete the *Medication* section of the relevant health care plan obtained from your doctor and complete an *Administration of Medication* form from the office.

PHOTO PERMISSION

Do you give permission for your child to be photographed and/or filmed, understanding that this footage may be used for the school website, newsletters, magazines and other such publications?

YES NO

Please note: If you select NO your child's identifiable image will not be released to anyone for any purpose (including class groups). Please refer to our Photo Policy for further information.

SCHOOL FEE PAYMENT

Please confirm who is responsible for the payment of school fees:

Parent/Guardian 1 Parent/Guardian 2 Both Parents/Guardians

School fees may be paid by the following methods:

Cash* or Cheque (payable to West Coast Steiner School)	Ezi Debit (Forms may be collected from the office)	Bank Transfer BSB: 633 000 Account: 132 717 638	EFTPOS or Credit Card** (Available at office)
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*Please do not send cash by post.

**Credit Card attracts 2.5% merchant fee

SIGNATURES – BOTH PARENTS/GUARDIANS MUST COMPLETE

(Please tick):

- I/we understand that by continuing to enroll my/our child at the West Coast Steiner School, I/we are able and willing to meet the financial obligations associated with attendance at WCSS. 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.
- I/we understand that one full term's notice is required for withdrawal from WCSS and that school fees will be charged in lieu of this notice.
- I/we have read and understood the School Handbook and agree to abide by the policies, procedures and protocols as contained therein.
- By continuing to enroll my/our child 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.
- I/we confirm that the 2020 Student Registration Form has been completed in full and the information provided is correct.

Parent/Guardian 1:

Parent/Guardian 2:

Signature:

Signature:

Date:

Date:

OFFICE USE ONLY

Does the child have an allergy?	YES	NO
Have the relevant health care plans been issued to the parents?	YES	NO
Has the SA been informed if specific training is required to support the student?	YES	NO
Has the SA been informed if the student's health care information is restricted?	YES	NO