



# Expression of Interest

Please complete one (1) application per child.

## CHILDS DETAILS

Child's Surname	Given Names
D.O.B.	Gender: Male / Female
Address	
Child resides with	
Australian Resident <input type="checkbox"/> Yes <input type="checkbox"/> No	Country of Birth
Present School/educational arrangement	Year Level
<b>In which year would you prefer your child to start at Orana Steiner School?</b> (e.g. 2019) .....	
<b>In which class would you prefer your child to start at Orana Steiner School?</b> (e.g. Pre-school, Kindergarten, Class 1) .....	
<b>Pre-Preschool &amp; Preschool - requested attendance days</b> (consecutive – 2, 3 or 5 days, specify days) .....	
Have you attended a School Tour? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## PARENT / GUARDIAN 1 DETAILS

Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr				
Surname		Given Name		
Relationship to child				
<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Stepmother	<input type="checkbox"/> Stepfather	<input type="checkbox"/> Other .....
Address		Email address		
Home Phone		Work Phone		Mobile
Are you an OSS ex-student? <input type="checkbox"/> Yes <input type="checkbox"/> No				

## PARENT / GUARDIAN 2 DETAILS

Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr				
Surname		Given Name		
Relationship to				
<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Stepmother	<input type="checkbox"/> Stepfather	<input type="checkbox"/> Other .....
Address		Email address		
Home Phone		Work Phone		Mobile
Are you an OSS ex-student? <input type="checkbox"/> Yes <input type="checkbox"/> No				

**SIBLING DETAILS**

NAME	DATE OF BIRTH	GENDER	Attending OSS	Application with OSS
	_____	M / F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
NAME	DATE OF BIRTH	GENDER	Attending OSS	Application with OSS
	_____	M / F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
NAME	DATE OF BIRTH	GENDER	Attending OSS	Application with OSS
	_____	M / F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please tell us about your child's strengths, talents and/or special interests.

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**HEALTH AND MEDICAL INFORMATION**

Please tick one or more of the following if your child suffers from the condition and provide details:

- Asthma .....
- ADD, ADHD, ODD, OCD etc. ....
- Allergy to Bites / Stings .....
- Anaphylaxis reactions .....
- Anxiety.....
- Blood pressure.....
- Depression .....
- Diabetes / Hypoglycaemia .....
- Drug allergies .....
- Eczema .....
- Epilepsy .....
- Food allergies or eating disorders .....
- Heart condition.....
- HIV, Hepatitis A, B, C etc.....
- Migraines.....
- Ointment allergies .....
- Phobias.....
- Respiratory condition.....
- Other conditions:.....

Is the student currently on any medication?

No  Yes → please describe below

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Does your child have a disability?

No  Yes → please describe below

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Does your child have any VISION difficulties?

No  Yes → please describe below

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Have your child's eyes been tested?

No  Yes → please describe below

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Is there any past history of sight difficulties?

No  Yes → please describe below

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Does your child need any special consideration with respect to sight?

No  Yes → please describe below

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Does your child have any HEARING difficulties?

No  Yes → please describe below

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Has your child's hearing been tested?

No  Yes → please describe below

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Is there any past history of hearing difficulties? <input type="checkbox"/> No <input type="checkbox"/> Yes → <i>please describe below</i> <hr style="border: 0; border-top: 1px solid black; margin-top: 5px;"/>	Does your child need any special consideration with respect to hearing? <input type="checkbox"/> No <input type="checkbox"/> Yes → <i>please describe below</i> <hr style="border: 0; border-top: 1px solid black; margin-top: 5px;"/>
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Is there past history of any chronic medical conditions?

No      Yes → *please describe below*

**MOBILITY ACCESS AND INDEPENDENCE INFORMATION**

Please tick the main mode of transport your child will use to get to and from school:

<input type="checkbox"/> Private car	<input type="checkbox"/> Walk
<input type="checkbox"/> Public bus → routes	<input type="checkbox"/> Bike

Does your child use any of the following movement aids?

<input type="checkbox"/> Wheelchair	<input type="checkbox"/> Scooter
<input type="checkbox"/> Callipers	<input type="checkbox"/> Other → .....

Are there any mobility concerns that need to be addressed by the school?

No      Yes → *please provide details*

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**CURRICULUM AND LEARNING SUPPORT**

The following is an important declaration. We need to be fully informed so that we are able to support your child.

Has any school/education centre recommended involvement/referral/advice from another organisation? e.g. tutor, psychologist, occupational therapist, speech pathologist, learning support?

No      Yes → *please provide details and reports*

Specialist's name(s):	Details:
.....	.....
.....	.....

Please tick any services that your child has ever received: (or equivalent service provided in your state, territory or country):

<input type="checkbox"/> ACT Community Care	<input type="checkbox"/> The Canberra Shepherd Centre
<input type="checkbox"/> Brindabella Hearing and Speech Centre	<input type="checkbox"/> Down Syndrome Association
<input type="checkbox"/> Autism Asperger Association ACT	<input type="checkbox"/> Cerebral Palsy Alliance
<input type="checkbox"/> Therapy ACT	<input type="checkbox"/> Private Practitioners
<input type="checkbox"/> Irlen Dyslexia Centre	<input type="checkbox"/> The Alison Lawson Centre - Canberra
<input type="checkbox"/> Community health services	<input type="checkbox"/> Gifted and Talented
<input type="checkbox"/> Hospital based child development units	<input type="checkbox"/> SPELD A.C.T
<input type="checkbox"/> Others ( <i>please list</i> )	

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.....

Will support from external services be provided to the school?

No      Yes → *please provide details (e.g. the name of the provider, the number and duration of visits per week and facilities required)*

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Has your child ever been placed on a modified curriculum, received learning support or attended a specialist learning unit at previous schools?

No       Yes → *please provide details*

.....  
.....

**BEHAVIOURAL INFORMATION**

Does your child have any identified behavioural/emotional issues?

No       Yes → *please provide details*

.....  
.....

Has your child ever been excluded from any other school?

No       Yes → *please provide details*

.....  
.....

Has your child ever been suspended from any other school?

No       Yes → *please provide details*

.....  
.....

Has your child had any truancy concerns?

No       Yes → *please provide details*

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.....

Has your child ever been on a behaviour management plan?

No       Yes → *please provide details*

.....  
.....

Does your child require any special measures taken in relation to their behaviour and school activities?

No       Yes → *please provide details*

.....  
.....

Does your child suffer from School Refusal?

No       Yes → *please provide details*

.....  
.....

Should the school be aware of any particular social / emotional needs that your child may have?

No       Yes → *please provide details*

.....  
.....

## ACCESS AND INDEPENDENCE INFORMATION

Does your child have any independence concerns?

No       Yes → *please provide details*

Can your child manage personal care needs independently (toilet, dressing, eating etc.)?

Yes       No → *please provide details*

Is there any other information you would like to share about your child?

**For entry into Class 1 – 12, please attach copies of the last 2 years recent school reports and any other relevant documentation recent documentation from the past two years e.g. psychological assessments, specialist reports, learning support programs etc. for your child. Information/reports as outlined above must be attached. All reports are held in confidential files. Permission is granted for reports to be provided to the Admissions Officer, interviewing teachers and the Principal.**

## STATEMENT OF UNDERSTANDING

### THE WAITLIST AND ADMISSIONS PROCESS

- **This agreement should be read in conjunction with the Orana Steiner School Enrolment Policy and Procedure**
- It is important that your choice of Steiner Education for your child be an informed choice. We therefore strongly recommend that parents/ guardians (or custodial parent/guardian in the case of a single parent family) attend a School Tour in the year or term leading up to the requested year of entry into the school.
- I understand that camps and excursions are a compulsory part of the curriculum.
- Enrolling parent/guardian(s) must complete the Expression of Interest Form and forward it to the Admissions Officer. A Privacy Statement and this Statement of Understanding regarding the conditions of enrolment must also be signed and returned to the school. Copies are provided to parents for ongoing reference.
- On receipt of an Expression of Interest form the student's name will be placed on the waiting list until a place becomes available. In making an offer of a place, the School will take into account and give priority to:
  - An active willingness to support the School in working with Rudolf Steiner's indications of the development and education of the child.
  - Siblings of children already enrolled at Orana. This includes those who are from 'blended' families.
  - Children from families who have had involvement in organisations inspired by Anthroposophy.
  - Children who are being transferred from other Steiner Schools.
  - Children of previous students.
  - Grandchildren and children of all staff.
  - Support 'out of school' participation in cultural activities which are compatible with the philosophy of Orana.
  - Support and commitment of enrolling parent/guardians to an involvement in the community life of the school.
- Once a placement at the school becomes available, the Admissions Officer will make contact to invite you to an initial interview. Additional interviews may be required in certain circumstances.
- **Date of receipt of this form along with all relevant school/other reports is deemed to be the 'date of application'. This application is valid for three (3) years. After this time, if you have not been offered a place, you may contact the school to extend your position on the waiting list for a further two (2) years. Orana Steiner School reserves the right to change its policies at any time.**

### FEES

- All parents/guardians must establish a formal financial agreement with the school. This is a legally binding contract.
- A non refundable Enrolment Fee\* is due prior to the student commencing at the school.
- Fees are payable within 14 days of receipt of account. Administrative charges are applied to overdue accounts. We also offer Monthly and Fortnightly direct debit.
- In the event of the withdrawal of a pupil from the school one term's notice in writing is required. A fee\* will apply for each student where one term's notice in writing is not received.

\*See Orana Steiner School's current "Fee Schedule" or "Explanation of Fees & Charges" for amount payable.

**EXPECTATIONS OF PARENTS/GUARDIANS**

- According to section 11 of the Education Act 2004 (the Act), parents must ensure that the child attends the school on every day, and during the times on every day, when the school is open for attendance; and every activity of the school (including attendance at an approved educational course) that the school requires the child to attend.
- Parents/guardians are expected to fully support the aims of the school with respect to the philosophy and education.
- Parents/guardians are required to attend Parent/Teacher Evenings once a semester.
- Continued enrolment is dependent upon adherence to the school policies and procedures, including the school's Behaviour Management Policy.
- The school has the power to suspend, exclude or otherwise discipline students in accordance with the school's policies, and it is the responsibility of parent/guardians to be fully conversant with these policies. In the event of a child being withdrawn from school as a result of any disciplinary circumstances, fees for the current term will not be refunded.

**Please note: Lodgement of this application form does not constitute enrolment, nor does it guarantee enrolment at a future date.**

I/We have read, understand and agree to the above conditions for admission to the Orana Steiner School.

Parent/Guardian 1 Name: .....

Parent/Guardian 1 Signature: ..... DATE: / /

Parent/Guardian 2 Name: .....

Parent/Guardian 2 Signature: ..... DATE: / /

**CHECKLIST:**

**Have you attached the following:**

- A copy of the last four semester's school reports (only required for children entering from Class 1 – 12)
- All relevant supporting documents.
- All reports indicated in the Curriculum and Learning Support section.

**PRIVACY STATEMENT**

1. The School collects personal information, including sensitive information about pupils and parent/guardians before and during the course of a pupil's enrolment at the school. The primary purpose of collection of this information is to enable the school to provide schooling for your child.
2. Some of the information we collect is to satisfy the School's legal obligations, particularly to enable the School to discharge its duty of care.
3. Certain laws governing or relating to the operation of schools require that certain information be collected. These include Public Health and Child Protection laws.
4. Health information about pupils is sensitive information within the terms of the National Privacy Principles under the Privacy Act. We may ask you to provide medical reports about pupils from time to time.
5. If we do not obtain the information referred to above we may not be able to enrol or continue the enrolment of your child.
6. The School from time to time discloses personal and sensitive information to others for administrative and education purposes. This includes to other schools, government departments, medical practitioners and people providing services to the School, including specialist visiting teachers, sports coaches and volunteers.

7. Personal information collected from pupils is regularly disclosed to their parent/guardians. On occasion, information such as academic and sporting achievements, pupil activities and other news or photos owned by the school may be published in School newsletters, magazines and on our web site. If you do not agree to photos, information or personal work of your child being published as detailed above you must advise us now.
8. Parent/guardians may seek access to personal information collected about them and their children by contacting the School. Pupils may also seek access to personal information about them. However, there will be occasions when such access is denied. Such occasions would include where access would have an unreasonable impact on the privacy of others, where access may result in a breach of the School's duty of care to the pupil, or where pupils have provided information in confidence.
9. From time to time the school engages in fund raising activities. Information received from you may be used to make an appeal to you. It may also be disclosed to organisations that assist in the School's fund raising activities, solely for that purpose should the school ever appoint such an organisation. We will not disclose your personal information to third parties for their own marketing purposes without your consent.
10. We may include your contact details in a class list. If you do not agree to this you must advise us.
11. If you provide the School with the personal information of others (such as doctors or emergency contacts) we encourage you to inform them that you are disclosing that information to the School and why.

I/We have read, understand and agree to the above Privacy Statement.

Parent/Guardian **1** Name: .....

Parent/Guardian **1** Signature: .....

DATE: / /

Parent/Guardian **2** Name: .....

Parent/Guardian **2** Signature: .....

DATE: / /

**FORWARD APPLICATION FORMS TO:**

Admissions Officer  
 Orana Steiner School  
 P.O. Box 3567  
 WESTON ACT 2611  
 Email: [admissions@oranaschool.com](mailto:admissions@oranaschool.com)

**CONTACT NUMBERS**

Office Hours: 8:30am – 3:45pm, Mon–Fri  
 Phone: (02) 6288 4283  
 Fax: (02) 6287 1100

ENTRY DETAILS – OFFICE USE ONLY		
Date Received: / /	Entered in Synergetic: / /	Entered by: _____