



The Perth Waldorf School

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Application for Admission **Kindergarten, Primary and High School**

Please read through carefully and note that until we receive all the requirements listed below, this application will not be processed.

- a) Complete **all** the questions and both parents to sign this confidential application form.
- b) A non refundable application fee \$80.00.
- c) Copies of your child's 2 most recent **full** school reports, including 1 end of year report.
- d) Copies of **any/all** remedial and/or psychological assessments (including from younger years).
- e) A copy of your child's birth certificate/passport (if born outside of Australia please attached a copy of the child's Australian Passport or Citizenship Certificate or Visa.
- f) A recent identifying photograph of your child.

Please note that any relevant non-disclosure will result in nullifying this application.

Application Process:

- 1) Applications are pre-assessed and, after discussion, are considered for interviewing. Acceptance is **not** guaranteed and is subject to there being a vacancy and successful interviews with the Class Teacher/Guardian.
- 2) Your child will be required to attend the Teacher interview with parent/s.
- 3) Acceptance, with a routine term's probation, will be confirmed after interview and subsequent discussion with relevant Faculty.
- 4) If successful, a Student registration form will be issued for completion, to be returned before the student commences.
- 5) An enrolment fee will be payable on acceptance of a place. It is a non refundable fee to secure your position in the school.

Office Use
Date: _____
Receipt No: _____

Perth Waldorf School

Application for admission – Kindergarten, Primary and High School

Surname of Child: _____ First Name's: _____
 Preferred Name: _____ Date of Birth(dd/mm/yy): ___/___/___
 Home Language: _____ Male/Female: _____
 Country of Birth: _____ Nationality _____
 Perm. Resident: Temp. Resident: Visa No: _____
 Is your child of Aboriginal or Torres Strait Islander Origin? Yes _____ No
 Class applying for: _____ Start Year: _____

Siblings: Name	Age	School - if applicable	Class - if applicable
1. _____			
2. _____			
3. _____			

PARENTS:

Marital Status: single/married/divorced/separated/remarried

Is child from: this marriage/previous marriage/adopted/this relationship/other? _____

With whom does the child live: _____

Mother/Parent/ Guardian

Surname: _____ First Names: _____
 Residential Address: _____ Suburb: _____ Code: _____
 Postal Address (if same As Above) _____
 Home Phone: _____ Mobile No. _____
 Work No: _____ Email: _____
 Current Occupation: _____ Business Name: _____

Father/Parent/Guardian

Surname: _____ First Names: _____
 Residential Address: _____ Suburb: _____ Code: _____
 Postal Address (if same "As Above") _____
 Home Phone: _____ Mobile No. _____
 Work No: _____ Email: _____
 Current Occupation: _____ Business Name: _____

SCHOOL HISTORY

Present School: _____ Current Class: _____

Address: _____ Telephone No: _____

Previous Schools attended:

SCHOOL	YEARS	CLASSES
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_____	_____	_____
_____	_____	_____

Reasons for change of school(s) _____

Why have you chosen to apply to Perth Waldorf School: _____

Through whom/how have you heard of our school? _____

Has child ever been suspended from school? Yes/No If yes, state when and why: _____

Describe child's specific problems, if any, at any of the above schools: _____

The questions below are asked as the teachers appreciate this information to discuss at the interview and later to help work with your child educational needs. Please leave blank any area you wish to discuss in person at the interview.

DOMESTIC SITUATION

- a) Please describe your home atmosphere _____
- b) Do parents supervise homework? Yes/No _____
- c) Does child have own bedroom? Yes/No If no, with whom does the child share? _____
- d) Sleep: Normal/Heavy/Restless/Sleepwalking/Nightmares/Bedwetting Wakes: Immediately/slowly
- e) Mood on awakening _____
- f) Child's regular home tasks _____
- g) Special abilities, hobbies, interests etc. _____
- h) Does child watch TV regularly? Yes/No. How many hours? _____ per day/week

PRENATAL AND BIRTH HISTORY

- a) Health during pregnancy: Illness/Infections/Prolonged morning sickness/Medications?
Describe: _____
- b) Birth: Full term/Premature? Birth Weight? _____
- c) Feeding: How long? Breast _____ Bottle _____

DEVELOPMENT

- a) When did child first: Sit _____ Crawl _____
- b) Would you describe child as hyperactive/too dreamy? Yes/No/Sometimes _____
- c) Has child had ear trouble? _____ Hearing loss? _____
 Difficulty in Clarity/lisp/stutter/stammer/difficulty with sounds? Describe _____
- d) Has child had any eye problems? Specify _____

HEALTH

- a) Has child ever been to a Specialist/Psychologist/Psychiatrist/Other? _____ At what age? _____
 Why? _____
- b) Treatment/Medication _____
- c) Any injuries or accidents involving head/eyes/spine? _____
- d) Childhood and other diseases: eg Mumps/measles/meningitis etc. If so,
 what? _____ Age/s? _____ Medication? _____

I/We confirm that all the details provided are correct			
Mother's/Guardian's Signature		Father's/Guardian's Signature	
Dated		Dated	

Please return this form with payment to:
 The Enrolments Officer
 Perth Waldorf School
 PO Box 1247

Application Fee			
Payment by:	Cheque	Credit	
I authorise you to debit my Visa/ Mastercard for the following amount:			
Card Number:			
Cardholders Name:			
Expiry date:			
Signature:			