

Sophia Waldorf School

2020 Early Bird – Enrolment Application

(Please Print Clearly)

A separate enrolment form is required for each student / child in the family.

☐ Playgroup

☐ Prep

☐ Class 1

☐ Class 2

☐ Class 3

Please lodge this form with your application fee payment of \$50.00 (refundable should your child not attend) per application form. Application fee is subject to change. Please ring the office to confirm the cost at time of lodgment. Applications are placed on a waiting list from date of fee payment.

Childs information

Child's Surname: _____ Given Name: _____ Middle Names: _____

Known as (if different from first name): _____ Date of Birth: ____/____/____ Present Age: _____

Gender: ☐ Male ☐ Female

Nationality: _____ Country & Place of Birth: _____

Arrival Date (if not born in Australia): ____/____/____

Language Spoken: _____ Are you Aboriginal or Torres Strait Islander? ☐ Yes ☐ No

Current School: _____ Current Grade: _____

Year to be Enrolled: _____ (Eg. 2020, 2021, etc)

Does your child have any extra learning needs or is he/she receiving learning support? Please enclose copy of any specialists' report if applicable.

Father's / Guardian's details

Surname: _____ First Name: _____

Nationality: _____

Address: _____ Postcode: _____

Home Phone: _____ Mobile: _____

Email: _____

Mother's / Guardian's details

Surname: _____ First Name: _____

Nationality: _____

Address: _____ Postcode: _____

Home Phone: _____ Mobile: _____

Email: _____

Special Family Circumstances (e.g. Custody Order, Access Details, Parental Health)

Financial Responsibility

Name of person/s financially responsible for student's / child's education:

Name: _____ Relationship: _____ Occupation: _____

Address: _____ Ph./Mob: _____

Name: _____ Relationship: _____ Occupation: _____

Address: _____ Ph./Mob: _____

B. Residency: ☐ Permanent ☐ Temporary (please give details:

Name of people child will be living with: _____

Relationship: _____

Address: _____ Postcode: _____

Ph./Mob: _____

References

For Student: Teacher References from Last School Attended

Name of School: _____ Name of Teacher: _____

Phone: _____ Fax: _____ Email: _____

Siblings

Please list this child's siblings & their birth dates: _____

DECLARATION (This section MUST be filled in)

I / We hereby apply to have the above-named student / child placed on the enrolment waiting list. Should he / she be accepted, following an interview, I / we undertake to support the rules and regulations of the school, and to be responsible for the payment of fees. I will update the school with any changes to postal / email addresses.

(Please print clearly)

Father's / Guardian's Name:

Signature: Date:/...../.....

(Please print clearly)

Mother's / Guardian's Name:

Signature: Date:/...../.....

FOR OUR INFORMATION

Should your child be accepted as a student for 2020 an interview will be arranged closer to the commencement of classes.

Fees have not yet been set.

Please tell us how you heard of Sophia Waldorf School.

- ☐ Word of Mouth
- ☐ Website
- ☐ Newsletter
- ☐ Newspaper
- ☐ Other

Thank you for your application.

Please ensure that a refundable fee of \$50.00 accompanies this form.

The fee can be paid directly into the school's bank account:

Suncorp Bank

BSB: 484-799

Account Number: 350 348 406

Reference: [CHILD'S NAME]

A receipt will be issued when fee is received.

This form can be posted with payment of cheque, money order or cash to:
Sophia Waldorf School
C/- 29 Mirani St
Lower Beechmont, QLD 4211