

Central Coast Rudolf Steiner School

APPLICATION FOR ENROLMENT

Student Family Name: Dob: / /
 Given Names: Sex: M / F
 Proposed Class of Entry: Proposed Term and Year of Entry:
 (eg: K or 1 or 5 etc.) (eg, Term 1, 2006)
 Home address:
 Post code
 Home telephone number

Siblings (+ ages):

Is the student Aboriginal or Torres Strait Islander? Yes No

	MOTHER	FATHER
Family Name		
Given name/s		
Title (eg Mr, Mrs, Ms, Dr)		
Occupation		
Home address (if different to above)		
Home phone		
Mobile no.		

Signed: Dated:
 (parent / guardian)

How did you become aware of our school?
 (advertising, word of mouth, prior knowledge, information night, etc.)

An **application fee** of \$110 is required before we can process any application.

Application Fee (non-refundable) of \$110 to be attached to this form (cheque or money order) and made payable to "Central Coast Rudolf Steiner School Inc." **Please note:** This fee will not be refunded if you withdraw your application or your child is not accepted.

Or payment may be made by Bankcard Mastercard Visacard

Cardholder name: Expiry date: /

Signature:

Office: Application fee received? Y / N \$ Receipt No.