



Freshwater Creek Steiner School

Expression of Interest to Enrol

Year of Interest

(please complete a separate form for each child)

Year (e.g. 2018)

Class Playgroup (0-2yo) 9.00am – 11.00am Preferred day _____
(please note that not all days may be available. If unsure, please check session times with the school office)

Stepping Stones (3yo+) 11.30am – 2.30pm Preferred day _____
(please note that not all days may be available. If unsure, please check session times with the school office)

*4yo Pre-kindergarten (turning 4) – 1 day (9.05am - 3.00pm)

Day preferred: _____

*5yo (funded) Kindergarten (turning 5) – 3 days (9.05am – 3.00pm)

Days preferred: _____

Class: Prep 1 2 3 4 5 6 (8.50am – 3.10pm)

Start Date / / 20

Pupil Information

Surname First Name

Preferred Name Date of Birth

Gender Female Male

Parent / Guardian Information

Parent / Guardian 1 (Mother) **Parent / Guardian 2 (Father)**

Title Title

Surname Surname

First Name First Name

Home Address Home Address

Postal Address (if different to above) Postal Address (if different to above)

Home Phone Home Phone

Mobile Mobile

Email Email

Deposit

A non-refundable, non-transferable deposit of \$50 per student must accompany the Expression of Interest form. This application deposit does not guarantee enrolment but ensures your details* are on our database for future communication and determines the Date of Application. If you are successful in your application, the \$50 will be credited towards your child's school fees. The deposit can be paid in person (EFTPOS preferred), mail (cheque), or via direct deposit to the following bank account:

Bendigo Bank BSB: **633 000**
 Account Number **130168859**
 Reference: Please type your child's Surname, Initials and 'EOI' as the reference

Parent signature: _____ Date: _____

Parent signature: _____ Date: _____

How did you hear about the school?

At FWCSS, we are always interested to hear how people came to be at our lovely school. This assists us with our marketing activities, and we welcome your feedback.

How did you hear about the school?

- Newspaper Ad
- Website
- Education Expo
- Word of Mouth
- Channel 31
- Other
- Drive by
- Steiner Education Australia (website or publication)
- Other Steiner school
- Radio segment
- Facebook

What drew you to the school?

* For Kindergarten children, please indicate if your child is of Aboriginal or Torres Strait Islander origin. Please note that in accordance with Government Legislation, a child must be fully immunized for their age to attend the FWCSS Kindergarten program. If your child is unimmunized but you hold a Health Care Card, please contact the school on (03) 5264 5077 to discuss.

*PRIVACY STATEMENT

The School collects personal information, including sensitive information about students and parents or guardians before and during the course of a student's enrolment at the School. The primary purpose of collecting this information is to enable the School to provide schooling for your child. The School may from time to time disclose personal and sensitive information to others for administrative and educational purposes. This includes to other schools, government departments, medical practitioners and those providing services to the School, including specialist visiting teachers, sport coaches and volunteers. Your personal information will not be released to third parties without your consent. Please ask for a copy of our Privacy Policy, or access it on our website, for further information about how and why we collect personal information and who we may disclose such information to.

From time to time the School engages in fundraising activities. Information received from you may be used for this purpose and you have the right to opt out of marketing material at any time by contacting the Office Manager on school@fwcss.com.au or 03 5264 5077. We may include your contact details in a class list and School directory. If you do not agree to this, it is your responsibility to advise us of this when prompted in the School newsletter at the start of each year.

If you wish to access or correct any of the personal information on this form or discuss how it has been dealt with, please contact the Facilitator in the first instance. If you have a concern or complaint about the way your personal information has been collected, used, stored or disclosed, please also contact the Facilitator in the first instance.

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| Date of Commencement | Date / / 20 | Database Confirmed | Date / / 20 |
| Deposit received | Date / / 20 | \$ | |