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APPLICATION FOR ENROLMENT - P-6

First Name	Surname	
Middle Name	VSN	
Gender \square M \square F \square Other DOB	(please attach copy of birth certificate)	
Proposed year of entry	Year Level □ Prep □ Year(please specify)	
Is the student an Australian citizen? $\ \square$ Yes $\ \square$ No	Residency/visa status and visa number	
Has the student been identified by a parent/carer/guardian as Aboriginal and/or Torres Strait Islander origin?		
\square Yes, Aboriginal \square Yes, Torres Strait Islander \square Yes, Aboriginal and Torres Strait Islander \square No		
Previous school / kinder attended, if applicable		
Contact name, position and phone no of previous scho	ol/kinder	
Is the student immunised? Yes No (please attach current Immunisation History Statement)		
Does the student have additional support needs, disability or development delay? No Yes		
Name of Parent/Guardian 1 Ms Mrs Mrs Mrs Dr		
·		
	Postcode	
	(M)	
	(**)	
Relationship to student		
•		
	ss 🗆 Dr	
·	Concession Card Holder 🗆 Yes 🗆 No	
	Postcode	
	(M)	
Relationship to student	Student lives at this address? ☐ Yes ☐ No	
Siblings Name	Gender \square M \square F \square OtherDOB	
Name	Gender 🗆 M 🗆 F 🗆 Other DOB	
Name	Gender \square M \square F \square OtherDOB	
Children living with \square Parent/Guardian 1 \square Parent/Guardian 2 \square Both parents/Guardians (please tick)		
Do any of the siblings attend Wild Cherry School or Wild Cherry Kindergarten? $\ \square$ Yes $\ \square$ No		
How did you hear about Wild Cherry School? (please tick all relevant)		
□ Local paper □ Social media □ Website □ Street sign □ Word of mouth □ Kindergarten/Playgroup □ Other		

Why have you chosen Wild Cherry School for your child? (please provide details)		
\square Well-rounded education \square Make the most of talent \square	Overcome learning needs	
Have you had any previous contact with Waldorf/Steiner education? ☐ Yes ☐ No		
Are you planning to continue Waldorf/Steiner education for your child into high school? ☐ Yes ☐ No		
Wild Cherry School is bound by the national privacy principles contained in the Commonwealth Privacy Act 1988:		
1. 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 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 is collected. These include Public Health and Child Protection Laws. 4. Health information about students is sensitive information within the terms of the National Privacy Principles under the Privacy Act. We ask you to provide medical reports about your child from time to time. 5. The School from time to time discloses personal and sensitive information to others for administrative and educational 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. 6. If we do not obtain the information referred to above, we may not be able to enrol your child or continue the enrolment of your child. 7. Personal information collected from students is regularly disclosed to their parents or guardians. On occasions information such as academic and sporting achievements, student activities and other news is published in School newsletters, magazines and on our website. 8. Parents may seek access to personal information collected about them, however, there will be occasions when access is denied. Such occasions would include where access would have personal information in confidence. 9. 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 this information to the School and why.		
Applications will be processed depending on the time of receipt of this form and application fee.		
If the number of applications in any one year level exceeds the number of places available, it may be necessary for the School to take one or more factors into consideration in deciding priority for enrolment.		
Deciding factors are as follows (not necessarily in that order):		
 Date of birth (children are eligible to attend 4yo kindergarten when the child turns 4 years of age by 1 January, or no later than 30 April, in the year they are to attend); Application date; Children who have a sibling at Wild Cherry School or Kindergarten; Children who have attended Wild Cherry Playgroup or previously attended the Kindergarten; Transfer from another Waldorf/Steiner kindergarten; Whether the Kindergarten feels that a Waldorf/Steiner program would make a marked contribution to the child's growth and development; Fee payment record; Commitment of the family to the principles of Waldorf/Steiner education; Individual circumstances that can affect priority of access, or any other special circumstances; Siblings of existing students with unpaid fees will normally not be accepted into the Kindergarten; Parents may be required to cover the cost of an initial therapeutic assessment before an enrolment is accepted. I/We the parents/guardians of the student mentioned above, hereby apply for her/his admission to Wild Cherry School. If our application is accepted, we acknowledge we will be required to complete further enrolment procedures.		
Signed Date	. Signed Date	
Payment: An application fee of \$100 per child must accompany this application for enrolment form. This fee is an administrative fee and non-refundable but credited towards any successful application.		
Direct Bank Transfer (EFT): Reference: Your child's first and last name Account name: East Gippsland Steiner Education Group Inc. BSB: 313-140 Account Number: 1216 5226 Credit Card: phone 03 5152 1966 surcharge applies		
Families are responsible for notifying the School immediately, if any of the details in this form change.		
Office use:	Date application received:	
•	Receipt no Date	
Interviews completed:	Docult	
	Result Result	
6	Result	
Starting date:		