



The Orchard Waldorf School

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EXPRESSION OF INTEREST

Please note that this form is NOT an enrolment application.

The information provided here will be used purely for the purpose described. Any identifying information will remain **strictly confidential** and shall be handled as such. Contact details will be accessed to inform you of school developments or gather any further information that may support applications and actions undertaken on behalf of the school.

Family Name: PRINT YOUR FAMILY NAME IN CAPITALS

FAMILY DETAILS

Mother's name	Father's name
<i>Mother's name?</i>	<i>Father's name</i>
If not biological Mother, your name	If not biological Father, your name
<i>Carer name?</i>	<i>Carer name</i>
If not biological parent, your relationship to child	If not biological parent, your relationship to child
<i>Relationship</i>	<i>Relationship</i>
Address:	Address:
<i>Address</i>	<i>Address (if different from Mother's)</i>
Occupation:	Occupation:
<i>Occupation</i>	<i>Occupation</i>
Home phone:	Home phone:
<i>Home phone</i>	<i>Home phone (if different from Mother's)</i>
Mobile phone:	Mobile phone:
<i>Mobile phone</i>	<i>Mobile phone</i>
Email address:	Email address:
<i>Email address</i>	<i>Email address</i>

Number of children in your family: 1 2 3 4 5 6 more How many?

Does your family identify as Aboriginal or Torres Strait Islander: Yes No

Languages spoken in the home: English Japanese German Mandarin Italian

Other Which languages?



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WALDORF / STEINER EDUCATION EXPERIENCE

What experience do you or your family have with Waldorf Education? (also known as Steiner education)

Briefly, tell us about your experience with Waldorf / Steiner Education

What is it that attracts you to this form of school?

Briefly, tell us what things attract you to a Waldorf / Steiner school

Are you interested in learning more about Waldorf Education? Yes No

Are you and your family interested in, and available to take part in:

Community events and celebrations? Yes No

Briefly, tell us about events that you have seen or participated in OR would like become involved in

Fund raising? Yes No

Briefly, tell us about fundraising that you have seen or participated in OR would like to become involved in.

School development projects? Yes No

Briefly, tell us about projects that you have seen or participated in OR would like become involved in

Sharing skills and knowledge? Yes No

Briefly, tell us about skills and /or knowledge that you would like to share OR hear about



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CHILDREN DETAILS *(if you have more children, please attach an additional form for each child)*

CHILD 1 Name	DOB	Gender	Year of attendance ie 2015	Year level required ie Prep
<i>CHILD 1 name</i>	<i>DOB</i>	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Playgroup <input type="checkbox"/> PrePrep <input type="checkbox"/> Prep <input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3 <input type="checkbox"/> Class 4 <input type="checkbox"/> Class 5 <input type="checkbox"/> Other: <i>Which Class level?</i>
Position in Family	<input type="checkbox"/> Eldest <input type="checkbox"/> Middle <input type="checkbox"/> Youngest <input type="checkbox"/> Other: <i>Position of child in family</i>			
Does your child have any special interests?				
<input type="checkbox"/> Music <input type="checkbox"/> Sport <i>Please tell us about your child's interest/s</i> <input type="checkbox"/> Art <input type="checkbox"/> Science <input type="checkbox"/> Voice <input type="checkbox"/> Languages <input type="checkbox"/> Dance <input type="checkbox"/> Other				
To ensure that we have appropriate specialist teachers and resources, please provide the following:				
	Date of diagnosis or referral:	Doctor diagnosing or referred to:	Diagnosis:	
Has your child been diagnosed or been referred for assessment?	<i>Date of diagnosis or referral</i>	<i>Doctor diagnosing or referred to</i>	<i>Diagnosis</i>	
<input type="checkbox"/> Yes <input type="checkbox"/> No				
If your child has not received a diagnosis, please provide information that will assist in ascertaining how the School will best support the child.				
Does your child have additional educational needs?	<i>Please specify additional needs and requirements</i>			
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Does your child have any additional physical needs?	<i>Please specify additional needs and requirements</i>			
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Does your child have additional social / emotional needs?	<i>Please specify additional needs and requirements</i>			
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Does your child have any health issues that may impact on participation in activities?	<i>Please specify additional needs and requirements</i>			
<input type="checkbox"/> Yes <input type="checkbox"/> No				



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TRAVEL DETAILS

As the school is in the process of looking for a permanent location, please indicate the area you reside in and the distance you are able to travel to attend the school.

Area: Which area to do live in? Postcode: Postcode

We are prepared to travel: 5 km 10 km 20 km 30 km 40 km Other: Specify Km

Please circle the distance that you are prepared to travel on the map





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SUPPORT DETAILS

Would the following services be valuable you and your family?	
Before school care programs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Level of importance -	<input type="checkbox"/> 1 very low <input type="checkbox"/> 2 low <input type="checkbox"/> 3 neutral <input type="checkbox"/> 4 high <input type="checkbox"/> 5 very high
After School Care?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Level of importance -	<input type="checkbox"/> 1 very low <input type="checkbox"/> 2 low <input type="checkbox"/> 3 neutral <input type="checkbox"/> 4 high <input type="checkbox"/> 5 very high
Holiday care programs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Level of importance -	<input type="checkbox"/> 1 very low <input type="checkbox"/> 2 low <input type="checkbox"/> 3 neutral <input type="checkbox"/> 4 high <input type="checkbox"/> 5 very high
Playgroup?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Level of importance -	<input type="checkbox"/> 1 very low <input type="checkbox"/> 2 low <input type="checkbox"/> 3 neutral <input type="checkbox"/> 4 high <input type="checkbox"/> 5 very high
Craft group?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Level of importance -	<input type="checkbox"/> 1 very low <input type="checkbox"/> 2 low <input type="checkbox"/> 3 neutral <input type="checkbox"/> 4 high <input type="checkbox"/> 5 very high
Gardening / environmental care group?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Level of importance -	<input type="checkbox"/> 1 very low <input type="checkbox"/> 2 low <input type="checkbox"/> 3 neutral <input type="checkbox"/> 4 high <input type="checkbox"/> 5 very high

Would you be interested in participating in a School Committee?	
Land and Buildings?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Level of importance -	<input type="checkbox"/> 1 very low <input type="checkbox"/> 2 low <input type="checkbox"/> 3 neutral <input type="checkbox"/> 4 high <input type="checkbox"/> 5 very high
Marketing and Community Engagement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Level of importance -	<input type="checkbox"/> 1 very low <input type="checkbox"/> 2 low <input type="checkbox"/> 3 neutral <input type="checkbox"/> 4 high <input type="checkbox"/> 5 very high
Staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Level of importance -	<input type="checkbox"/> 1 very low <input type="checkbox"/> 2 low <input type="checkbox"/> 3 neutral <input type="checkbox"/> 4 high <input type="checkbox"/> 5 very high
Finance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Level of importance -	<input type="checkbox"/> 1 very low <input type="checkbox"/> 2 low <input type="checkbox"/> 3 neutral <input type="checkbox"/> 4 high <input type="checkbox"/> 5 very high



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Are there any details that you wish to add regarding your family?

Please tell us more about you and your family

**Please return completed form to
reception@theorchardwaldorfschool.org**

Thank you again for your expression of interest in

The Orchard Waldorf School