Date:

Enrolment Enquiry

Your Name: Are you Mother/Father/Other…………………………..

Contact: Home Phone: Mobile:

Email:

Postal Address:

Preferred contact: Home phone/ Mobile/ Email/ Other…………………..

Other Parent/Carer/Guardian:

Child 1 Name: M/F/Other DOB: Age:

Current school & Class: Class requested: Year/Term:

Child 2 Name: M/F/Other DOB: Age:

Current school & Class: Class requested: Year/Term:

Child 3 Name: M/F/Other DOB: Age:

Current school & Class: Class requested: Year/Term:

Do you have any previous Steiner Knowledge?

Have you visited our School?

Process - We will contact you to organise interviews with the relevant teacher/s and with the Educational Administrator within 7 days of receiving this form. You may wish to organise a “trial day” for your child/ren. If this is positive your application will be considered and formally approved by the Educational Administrator. We will confirm your enrolment in writing within 7 days of the interview process and provide you with an Enrolment Contract to complete. Once this is returned to the School attendance may commence.

Other comments:

Send form to [admin@rainbowridge.nsw.edu.au](mailto:admin@rainbowridge.nsw.edu.au) or post 279 Lillian Rock Rd, Lillian Rock, NSW, 2480