

**Dunedin**  
**Rudolf Steiner School**  
**Enrolment Form**

Class _____
Date enrolled: ___/___/___
Enrolment No: _____
Completed by: _____
Office use only

**Child Details** (One form per child)

Name of pupil _____	
Family Name	First name(s)
Preferred name _____	
Home contact _____ Home Phone _____	
Home address _____ I agree/do not agree for my address and phone _____ number to be shared with the school community	
Country of Origin: NZ/ _____ Language: English/ _____	
Previous School: _____	
Early Childhood Education: _____	
Gender: M/F      Date of Birth: ___/___/___	
If of school age then complete dates below:	
Date first started School: ___/___/___      Date first attended this School: ___/___/___	
<b>Caregiver 1 Details:</b> Mother/ _____	
Name Mrs/Ms/Miss/Mr _____	
Family Name	First Name(s)
Address: _____	Home Phone: _____
_____	Work Phone: _____
Email: _____	Mobile _____
Occupation _____	
Other details _____	
<b>Caregiver 2 Details:</b> Father/ _____	
Name Mrs/Ms/Miss/Mr _____	
Family Name	First Name(s)
Address: _____	Home Phone: _____
_____	Work Phone: _____
Email: _____	Mobile _____
Occupation _____	
Other details _____	

**Caregiver 3 details; Emergency Contact**Name: Mr/Mrs/Ms/Miss \_\_\_\_\_  

Family name First name

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Mobile \_\_\_\_\_

Relationship to student: \_\_\_\_\_ e.g. grandparent/neighbour/friend

**Caregiver 4 details; Emergency Contact**Name: Mr/Mrs/Ms/Miss \_\_\_\_\_  

First name Family name

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Mobile \_\_\_\_\_

Relationship to student: \_\_\_\_\_ e.g. grandparent/neighbour/friend

**Medical details:** (List any medical problems and information the school should be aware of) \_\_\_\_\_  
 \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone No: \_\_\_\_\_

I/we agree/do not agree to my/our child being treated with homeopathic first aid.

**Vaccination** complete: Yes/No If no, list those completed: \_\_\_\_\_  
 \_\_\_\_\_

Certificate sighted (to be completed by office): Yes/No

**Ethnicity:** (Cultural identification with a particular ethnic group. Dual ethnicity may be selected): New Zealand European/ New Zealand Māori/ \_\_\_\_\_Any other information the school should be aware of: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I am happy to receive the weekly Dunedin Rudolf Steiner School Trust Otago newsletter by email and my email address is: \_\_\_\_\_@\_\_\_\_\_

**Confidentiality:**

This information is requested by the school in order to communicate with parents and caregivers, to maintain the safety of the pupil, and to meet the statutory requirements of the Ministry of Education. Information is held securely and used for the purpose of education only.

**Commitment to Special Character:**

In enrolling my child in a Rudolf Steiner School, I/we express our commitment to upholding the special character of this school in accordance with Rudolf Steiner education.

**Parent /Caregiver Verification:**

The information above is true and correct. I undertake to advise the school of any change in circumstances so that accuracy and contacts may be maintained.

Signed: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_