

## **Expression of Interest**

Thank you for your interest in enrolling your child in our school. Please find our expression of interest form overleaf. We operate within a roll cap of 96 and around 12 places are available for enrolment into Class 1 2026. We have a school enrolment scheme that defines the entrants' priority. If there are more children applying than we can accommodate we will let parents know where they are on the waiting list.

Dunedin Rudolf Steiner School is an integrated primary and intermediate school with Steiner / Waldorf Special Character. To support students, their families and teachers at Dunedin Rudolf Steiner School, it is vitally important that parents/caregivers demonstrate an openness and connection with the special character, aims and purposes of the school.

In order to support parents in understanding the special character of a Rudolf Steiner/ Waldorf School, we provide Special Character information gatherings, talks and experiences.

If you are considering enrolling your child in our school, we would like to invite your family to meet our principal and come for a tour of the school. We also encourage you to familiarise yourselves with Steiner education, attend parent education talks and related events, and visit the school on an Open Day

If you wish to have your child considered for a place in our school, please complete and return the enclosed form either via e-mail to <u>office@dunedinsteiner.nz</u> or post to the address below to arrive by midday Friday the 12<sup>th</sup> April 2024. If you have any questions, please contact the office.

Kā mihi,

Anna Noble

Tumuaki/ Principal

Dunedin Rudolf Steiner School

## Expression of Interest This is NOT an Enrolment Form.

	tact parents when a place becomet with the principal.	mes available. As part of our en	rolment procedure, parents and
Child's Fam	ily Name:		
Child's First	Name(s):		
Child's Date	of Birth:		
□ Female	□ Male		
Parents' /Gua	ardians' Details (for further co	ntact):	
1. Name: Relationship Phone numbe Email Addre Address:	ers:		
	ers: ss:	ly attending Dunedin Rudolf S	teiner School? If so, give
	Surname	First Name	Date of Birth
Child 1			
Child 2			
Child 3	•		
Child 4			9. N. S. 10
Child 5			
2. Do yo	ou have any other children w	ho graduated from a Steiner/V	Valdorf School?
	Name	Name of the school	Date of Birth
Child 1			
Child 2			

Child 3

Child 4			
Child 5			
3. How	long have you known about S	Steiner Waldorf Education?	
□ 0-1 year	□ 1-5 years □ 6 or me	ore years	
4. How	did you find out about Steine	r Education?	
□ Online □	Print Media   Personal conta	act/Word of mouth $\ \square$ Other (plea	ase specify)
5. Are y	ou a Steiner/Waldorf alumni	? If so, name of school:	
6. Are y	ou hoping to transfer from a	nother Steiner/Waldorf School?	? If so, where?
7. Whic	h early childhood centre/scho	ool is your child presently attend	ding?
	ý		
8. Pleas	e list applicant's previous sch	ools starting with the current se	chool, if applicable.
Current school Years attende Your child's Address Telephone			
Previous scho Years attende			

Your child's teacher's name

Address Telephone

<ul> <li>□ Academic performance/qua</li> <li>□ Special Character</li> <li>□ Parent community</li> <li>□ Other. Please tell us your re</li> </ul>	□Alumni □ Small size	☐ Dissatisfaction with present education					
Signature of parent							
Name							
Date							

9. Why are you interested in the Dunedin Rudolf Steiner School? Tick as many as you like.