



Student Data Collection Form - 2022

Information required for emergency contact, assessment and Government reporting purposes
(One form per student)

Student Information:

First name:

Last name:

Date of Birth:

Home address of student:

No. and street name:

Suburb:

Postcode:

Contact details of student:

Mobile Phone:

Email:

1 Gender: Female Male Other

2 In which country was the student born?

- Australia.....
- New Zealand.....
- England.....
- China (excludes SARs & Taiwan Province)
- Philippines.....
- South Africa.....
- Sri Lanka.....
- India.....
- United States of America.....
- Sudan.....
- Other – please specify..... |



3 Does the student speak a language other than English *at home*?

(If more than one language, indicate the one that is spoken most often.)

- No, English only.....
- Yes, Italian
- Yes, Greek.....
- Yes, Vietnamese.....
- Yes, Cantonese.....
- Yes, Arabic.....
- Yes, Mandarin.....
- Yes, Turkish.....
- Yes, Macedonian.....
- Yes, Sinhalese.....
- Yes, Other - please specify

4 Is the student of Aboriginal or Torres Strait Islander origin?

(For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes.)

- No.....
- Yes, Aboriginal.....
- Yes, Torres Strait Islander.....

Emergency Contact Information: (Other than parent / guardian)

Full name:
Relationship:
Mobile Phone:
Home Phone:



Student Medical Release Form - 2022

Information required for emergency purposes

(One form per student)

I, the parent or guardian of the below named student in the event of any accident, mishap or illness of the below named student hereby authorise the Melbourne Rudolf Steiner School, through its teachers and agents, to obtain such urgent medical assistance and treatment, including the administration of a general anaesthetic and the giving of blood transfusions and other such medical and hospital services as it may be advised are appropriate and I further agree to pay the costs of the incurring of any such treatment.

In the event of there being known medical conditions in relation to the student which would affect the rendering of urgent medical assistance, please provide full information below concerning that condition.

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Student's Name:..... Class:.....

Parent/Guardian Signature:..... Date:.....

Doctor's name:.....

Doctor's phone number:.....

Date of student's last tetanus injection:

Do you give permission for the use of paracetamol: Yes No

Do you give permission for the use of antihistamine: Yes No

Does the Student have a mask exemption? Yes No

Does the student have any of the following:

Asthma Risk of Anaphylaxis Diabetes Epilepsy

If so, further information will be required by the office.

For all new enrollees from Classes 1 to 6, an immunisation certificate must be provided.



MELBOURNE
RUDOLF STEINER
SCHOOL

Student Media Permissions - 2022

Do you give permission for your Child's photo to appear in School publications

Yes No

Do you give permission for your Child's work to appear in School publications

Yes No

Do you give permission for your Child's photo to appear on the School website

Yes No

Do you give permission for your Child's work to appear on the School website

Yes No

Do you give permission for your Child's photo to appear on the School social pages

Yes No

Do you give permission for your Child's work to appear on the School social pages

Yes No