

Mansfield Steiner School **Enrolment Enquiry Form**



Date of enquiry: / /

Name: _____ Phone: _____ Email: _____

STUDENT DETAILS

NAME 1	Date of Birth:			
Gender:	Class:	Term	Year	

NAME 2	Date of Birth:			
Gender:	Class:	Term	Year	

NAME 3	Date of Birth:			
Gender:	Class:	Term	Year	

NAME 4	Date of Birth:			
Gender:	Class:	Term	Year	

Current Address: _____

Live with: Parent 1 Parent 2 Guardian .

Parent 1 Name	
Phone	Email:

Parent 2 Name	
Phone	Email:

Guardian Name	
Phone	Email:

Note any relevant comments about child's current educational experience:

Are you familiar with Steiner education?

How did you hear about Mansfield Steiner School?

What school are children currently attending? (if applicable)