



Golden Hill Steiner School

222 Scotsdale Road, Denmark 6333 Phone/Fax 08 9848 1811
e-mail: steiner@denmarkwa.net.au website: www.goldenhill.wa.edu.au

EXPRESSION OF INTEREST

Full name/s of child/ren

Date of Birth

.....
.....
.....

Address Postcode.....

Phone No Proposed commencement month/year

Previous school attended (if any)

Mother's Name

Address (if different from child's)

..... Postcode

Phone No (Home) (Work)

Father's Name

Address (if different from child's).....

..... Postcode

Phone No (Home) (Work)

PLEASE RETURN TO THE ABOVE ADDRESS
along with a \$50 non-refundable application fee per child on expression of interest

ccTeacher:	Date:	Interview date:
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