DIET
Does your child follow any special diet? ........................................................................................................................................
What kinds of food does your child prefer? ........................................................................................................................................
Least preferred? ........................................................................................................................................................................................
Does your child have breakfast? .............. If so, what? ........................................................................................................................................
Does your child have meals with the family? ........................................................................................................................................

OTHER
Is there anything else you feel is pertinent to your child’s biography that has not been covered here? Please list. ........................................................................................................................................................................................
........................................................................................................................................................................................................................................................................
........................................................................................................................................................................................................................................................................
........................................................................................................................................................................................................................................................................
Is there anything you would like to discuss further at the interview? Please list. ........................................................................................................................................................................................................................................................................

What is the reason for wanting to change your child’s school? ........................................................................................................................................................................................................................................................................
........................................................................................................................................................................................................................................................................

Thank you for your cooperation.
This form is confidential and will be used only by the teachers.

Signatures of parent/s: .......................................................... Date: .........................

or guardian .................................................................................................................. Date: .........................

Please return to: Central Coast Rudolf Steiner School
Locked Bag 905, OURIMBAH NSW 2258
📞 (02) 4362 3400 📧 (02) 4362 3411
E-mail: info@ccrss.nsw.edu.au
STUDENT BIOGRAPHY

STUDENT’S NAME: ..............................................................................................................

Student’s birth date: ........................................................................................................

PARENTS’/GUARDIANS’ NAMES: ................................................................................

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

Address: ............................................................................................................................

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

Post code: ............... Telephone/s: ........................................................................................

Email: ............................................................................................................................... 

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THIS FORM IS CONFIDENTIAL.

In Rudolf Steiner’s Art of Education, a teacher forms a picture of the child/student in front of them. This informs their teaching. Some of the questions following may seem unusual - we have tried not to be intrusive - yet the more we know your child, the better we are able to educate them. Should you have any questions about our questions, during the interview, please ask the Head of School or the interviewing teacher to explain the context and our interest in that topic. Steiner Education differs greatly in its underlying philosophy and picture of the human being to other forms of education and your questions will be well received. The information this biography provides will only be used by the teachers of your children.
FIRST YEAR
At what age (approx.) did your child crawl? .............................. Sit? ........................................
Walk? ............................. Say first words? ......................
Were there any illnesses or health disturbances, eg measles, colic, reflux, etc? ........................................
Were there any accidents or key events in the first year? ..........................................................

SUBSEQUENT YEARS
Were there any problems in the following areas?: (describe briefly)
Allergies, eg dairy products? ...............................................................
Illnesses and healing? .................................................................

Does/did your child have problems with hearing or eye sight? ..........................................................

Does your child favour the left or right hand for writing? ...............................................................

How would you describe your child’s self esteem and confidence? ..................................................

Has your child ever been to a doctor or therapist in relation to learning, emotional or behavioural
difficulties? If so, please give details.

Has your child ever been put on medication in relation to learning, emotional or behavioural difficulties? If so, please give details.

STUDENTS’S EDUCATIONAL HISTORY
Previous school/s	Name ...........................................................	Year/s of attendance ......................................
Final Class ..............................

Previous school/s	Name ...........................................................	Year/s of attendance ......................................
Final Class ..............................

Previous school/s	Name ...........................................................	Year/s of attendance ......................................
Final Class ..............................

If you have been home schooling your child, please include samples of their work and an outline of the program you have been following. ☐ included
**FAMILY**

Do both parents reside in the home? .................................................................
If not, how much time does the child spend with the parent not residing in the home?
..........................................................................................................................

Has the family moved house since the birth of the child? If so, how many times? ........................................
What language is spoken in the home? .................................................................
If the family is from another culture, describe home life or attitudes which may be culturally specific (include holidays and festivals celebrated).
..........................................................................................................................

Does your child have any siblings? ................................................................. Age/s ........................................
Describe their relationship and play. .................................................................

**PLAY & LEISURE**

What pets, if any, does your child have? .................................................................
Does your child like to play alone? ......................... What does he/she do? .................................................................
..........................................................................................................................

What activities does your family do together that your child enjoys? .................................................................
..........................................................................................................................

What other activities does your child like to do? (eg, swimming, social or physical activities.) .................................................................
..........................................................................................................................

How much TV does your child watch? ................. What programs? .................................................................
Does your child play electronic games? .......... How often? .................................................................
What games? ......................................... For how long at one time? .................................................................
Does your child have access to the Internet? ....... For what purpose? .................................................................
What kinds of music does your child listen to at home? .................................................................

**SLEEP RHYTHMS**

Child’s bedtime? Weekdays ...................................... Weekends .................................................................
How many hours sleep does he/she have? .................................................................
Does your child settle into sleep easily? .................................................................
Does your child sleep through the night? .................................................................
If not, how often does he/she wake? .................................................................
How does your child awaken? (eg, dreamy, cranky, cheery, etc.) .................................................................