

Application for Visiting Students

Please print clearly using **BLOCK CAPITALS**, completing all sections.

Section 1 Study Period													
I would like to study at Edinburgh Steiner School (Please tick the relevant boxes) :													
Autumn Term 2017 Spring Term 2018				Summer Term 2018									
Total number of terms (minimum one term)						Anticipated start date							
Section 2 Pupil's Personal Details													
First Name(s)						t Name	_	_					
Preferred Name						Date of Birth Gender M F							
Address						First Language							
Audress						Other languages(s)							
						Religion							
Country						Pupil Email							
						T apit Emait							
Section 3 Parent / Guardian Details													
Relationship to pupil					Relationship to pupil								
Title	cle Surname				Titl	e	Surname	ne					
First Name					Firs	First Name							
Occupation					Occ	Occupation							
Telephone					Tel	Telephone							
Mobile					Мо	Mobile							
Email					Email								
Resident with	1 pupil?		YES	NO	Res	ident with _I	pupil?	YES	N	0			
Address (If different to pupil)						Address (If different to pupil)							
Section 4 Current School													
Current School					Current Class								
Name of Class Guardian													
School Telephone													
School Email													

Section 5 Pupil Background											
How many years have you studied English?											
Do you have any siblings?	YES	NO	If yes, what age(s)?								
What are your interests/hobbies?											
Musical instruments											
Do you like animals?											
Any other comments											
Please state any allergies or dietary problems											
Vegetarian?	YES	NO	Smoker?	YES	NO						
Section 6 Parent / Guardiar	n Consent										
I agree to (insert pupil name) studying at Edinburgh Steiner School											
for the											
		(111361 (1361	ady periody term, 3.								
I understand that in matters relating to admissions to Edinburgh Steiner School, the decision of the College of Teachers is final. I understand that my child's application may be refused at any stage of the admissions process.											
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Signature			Signature								
Name			Name								
Date			Date								

Thank you for completing this form.

Please return this form to:

Karin Meys Edinburgh Steiner School 60 Spylaw Road Edinburgh EH10 5BR

T: 0131 337 3410

E: karin.meys@edinburghsteinerschool.org.uk www.edinburghsteinerschool.org.uk

Data Protection Act 1998

Edinburgh Steiner School will retain and use the personal details supplied on this form or, in connection with the application strictly in accordance with the Data Protection Act 1998. This information will be used for the purposes of processing the application, record keeping and internal analysis for advertising or marketing purposes. We shall not use such information for any other purpose without first informing you and obtaining your consent to such new purpose.

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