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Title:	
First Name:	Surname:
Address:	
Postcode:	
Telephone No:	
Mobile:	
Email:	
Relationship to School:	
Signature:	
Date:	

Please return this form to:

Donna Ewing
Edinburgh Steiner School
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Edinburgh EH10 5BR

T: 0131 337 3410

E: bursar@edinburghsteinerschool.org.uk

www.edinburghsteinerschool.org.uk

*To be removed from our records, please
contact the Bursar at the above address.*

General Data Protection Regulations 2016

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 General Data Protection Regulations 2016. This information will be used for the purposes of communicating ESST business, including invitations to School events. We shall not use such information for any other purpose without first informing you and obtaining your consent.

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