

Application for Admission

| For Office Use Only | Date Received | Application Fee | Stage Applied for | Entry Year | Reports |
|---------------------|---------------|-----------------|-------------------|------------|---------|
| | | | | | |

Please complete and return this form to the school with an application fee of £60.00. Application fees are paid into our Bursary Fund and are non-refundable. Without this, your application will not be processed.

Payment can be made by cheque, made payable to Edinburgh Steiner School Trust or by BACS:Sort Code:40-52-40Account Name:Edinburgh Steiner School Trust Bursary FundAccount Number:00090083Reference:Applicant's Name

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

Section 1 Child's Personal Details

| First Name(s) | | Last Name | | | | |
|--------------------|----------|------------------------------------|--------|---|---|--|
| Preferred Name | | Date of Birth | Gender | Μ | F | |
| Address | | Preferred start date | | | | |
| | | Days suitable for interview | | | | |
| | | Nationality (if not a UK national) | | | | |
| | Postcode | Visa required to enter the UK? | | Y | Ν | |
| Native language(s) | | Language spoken at home | | | | |

Section 2 Parent / Guardian Details

| Relationship to child | | | Relationship to child | | | | |
|---------------------------------|----------|-----|---------------------------------|---------------------|----|-----|----|
| Title Surname | | | Title | Surname | | | |
| First Name | | | First Name | | | | |
| Occupation | | | | Occupation | | | |
| Telephone (home) | | | | Telephone (home) | | | |
| Telephone (work) | | | Telephone (work) | | | | |
| Mobile | | | Mobile | | | | |
| Email | | | Email | | | | |
| Resident with | n child? | YES | NO | Resident with child | d? | YES | NO |
| Address (if different to child) | | | Address (if different to child) | | | | |
| | | | | | | | |
| | | | | | | | |
| Postcode | | | Postcode | | | | |
| Section 3 Siblings | | | | | | | |
| Name Date c | | | of Birth Current S | School | | | |

Please attach copies of the applicant's most recent school / nursery reports to this application.

| Current School/Nursery | Current year group | | | | |
|--|--------------------|--|--|--|--|
| Name of Teacher/Head | | | | | |
| Address | | | | | |
| Telephone | Start date | | | | |
| Please complete if applicable. Continue on a separate sheet if necessary. | | | | | |
| Previous School/Nursery | Dates attended | | | | |
| Name of Teacher/Head | | | | | |
| Address | | | | | |
| Reason for leaving | | | | | |
| Please sign to give consent to the Edinburgh Steiner School contacting any of the above nurseries/schools to request a verbal or written report for your child, and to authorise his/her current/previous school/nursery to | Signature | | | | |
| provide this information to the Edinburgh Steiner School. | Name | | | | |

If you wish this to be delayed for any reason, please indicate below.

Section 5 General Health

Please give details of any specific health problems, past or present.

In the interest of the child, it is important for parents to advise the School of any disability that the applicant has, and of any medical condition or other circumstances which might require him/her to be given special assistance at the School or about which you think we should be aware.

Please give specific details in a separate letter to accompany this form.

Please provide any other details you feel we should know about your child, including any additional support for learning that your child has received or is currently receiving.

Section 6 Application

Please describe what out of school activities, hobbies and interests your child enjoys:

Please state your reasons for choosing a Steiner education for your child:

How did you first hear about the school? (Please tick)

| | Please give details |
|---------------------------|---------------------|
| From a parent/pupil | |
| From former pupil | |
| Web search | |
| School website | |
| Social Media | |
| Publication | |
| School event | |
| Other (please specify) | |
| Have you attended an Open | Tour? YES NO When? |

Section 8 Checklist

Please check and tick to confirm you have completed the following parts of the application form:

Consent to contact previous school/nursery Signatures of all legal guardians

All contact details of parent/guardians

All other sections in full

Please tick to confirm you have enclosed all the necessary documents:

School reports

Copy of birth certificate/proof of legal guardianship

- Application fee (£60) by cheque or
- Application fee (£60) by BACS

Section 9 Declaration

I confirm that I have given full and accurate information on this application.

I understand that in matters relating to admissions to the Edinburgh Steiner School, the decision of the College of Teachers is final. I understand that my application may be refused at any stage of the admissions process and the school reserves the right to withdraw a place if relevant information is not disclosed in the application process.

Signature of both parents/guardians are required.

| Signature | Signature |
|-----------|-----------|
| Date | Date |

Thank you for completing this form.

Please return this form to:

Admissions Officer Edinburgh Steiner School 60 Spylaw Road Edinburgh EH10 5BR

T: 0131 337 3410

E: admissions@edinburghsteinerschool.org.uk www.edinburghsteinerschool.org.uk

The General Data Protection Regulation 2018

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 The General Data Protection Regulation 2018. 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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