

# 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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