

Please attach here a passport-sized photo of your child

For office use only

Charity No 289801 Company No 1797323

APPLICATION FOR ENTRY TO KINDERGARTEN OR SCHOOL

THIS FORM MUST BE FILLED IN AND RETURNED TO THE SCHOOL WITH A NON-REFUNDABLE PROCESSING FEE OF **£60**.
INTERVIEWS WILL NOT BE OFFERED BEFORE THIS.

PLEASE COMPLETE USING BLACK INK AND BLOCK CAPITALS

| CHILD'S DETAILS | | | |
|--|---------------|---|------------------------|
| FIRST NAMES | | LAST NAME | |
| ADDRESS | | | |
| DATE OF BIRTH | MALE / FEMALE | FAMILY POSITION (1 ST , 2 ND , 3 RD child ...) | |
| THE LOCAL AUTHORITY REQUESTS THIS INFORMATION TO CONTRIBUTE TO LOCAL AND NATIONAL STATISTICS | | | |
| ETHNIC ORIGIN | RELIGION | NATIVE LANGUAGE | OTHER LANGUAGES SPOKEN |
| PARENT / GUARDIAN DETAILS | | | |
| 1. NAME | | 2. NAME | |
| RELATIONSHIP TO CHILD | | RELATIONSHIP TO CHILD | |
| DOES THIS PERSON HAVE PARENTAL RESPONSIBILITY? | | DOES THIS PERSON HAVE PARENTAL RESPONSIBILITY? | |
| RESIDENT WITH CHILD? | | RESIDENT WITH CHILD? | |
| ADDRESS | | ADDRESS | |
| HOME PHONE NUMBER | | HOME PHONE NUMBER | |
| WORK PHONE NUMBER | | WORK PHONE NUMBER | |

| | |
|---|---------------------|
| MOBILE PHONE NUMBER | MOBILE PHONE NUMBER |
| E MAIL ADDRESS | E MAIL ADDRESS |
| OCCUPATION | OCCUPATION |
| ANYONE ELSE WITH PARENTAL RESPONSIBILITY | |
| NAME(S) | CONTACT DETAILS |

| | |
|--|-------------------------|
| EDUCATIONAL BACKGROUND | |
| DOES YOUR CHILD HAVE ANY SPECIAL EDUCATIONAL OR BEHAVIOURAL NEEDS? PLEASE GIVE BRIEF DETAILS. | |
| HAS YOUR CHILD BEEN DIAGNOSED WITH ANY KIND OF SPECIAL EDUCATIONAL NEEDS? PLEASE ATTACH ANY RELEVANT REPORTS. | |
| DOES YOUR CHILD HAVE STATEMENT OF SPECIAL NEEDS? PLEASE PROVIDE EVIDENCE. | |
| PLEASE GIVE PREVIOUS SCHOOLS' DETAILS (NAME, ADDRESS, TELEPHONE NUMBER, CONTACT PERSON, DATES ATTENDED) | |
| | |
| | |
| PLEASE SIGN TO GIVE CONSENT FOR US TO CONTACT THE ABOVE ORGANISATIONS TO GIVE A VERBAL OR WRITTEN REPORT... | SIGNATURE: NAME: |

| | |
|---|-----------------------|
| EMERGENCY CONTACT DETAILS (OTHER THAN PARENTS) | |
| NAME | NAME |
| ADDRESS | ADDRESS |
| RELATIONSHIP TO CHILD | RELATIONSHIP TO CHILD |
| HOME PHONE | HOME PHONE |
| MOBILE PHONE | MOBILE PHONE |
| EMAIL | EMAIL |

| | |
|---|--|
| FURTHER DETAILS | |
| DOES YOUR FAMILY HAVE A SOCIAL CARE WORKER? | |
| DOES YOUR CHILD HAVE A CHILD PROTECTION PLAN? | |

CHILD'S MEDICAL DETAILS

ANY MEDICAL CONDITION OF CHILD eg: Allergies, Dietary Requirements, Diabetes, Epilepsy, etc.

IMMUNISATIONS Please list any your child has had and approximately when.

SPECIAL MEDICATION TO BE AVAILABLE AT SCHOOL eg: Asthma Inhaler, etc.

INFECTIOUS DISEASES Please list any your child has had and approximately when.

DO YOU GIVE PERMISSION FOR THE FOLLOWING?

For us to use homoeopathic remedies for your child as first aid (eg: Arnica for bruising, Rescue Remedy, etc.)

For your child to receive a tetanus injection if recommended by a doctor in an emergency

If the school is unable to contact a person with parental responsibility in an emergency, for the school to take any action deemed necessary

DETAILS OF CHILD'S DOCTOR

Name

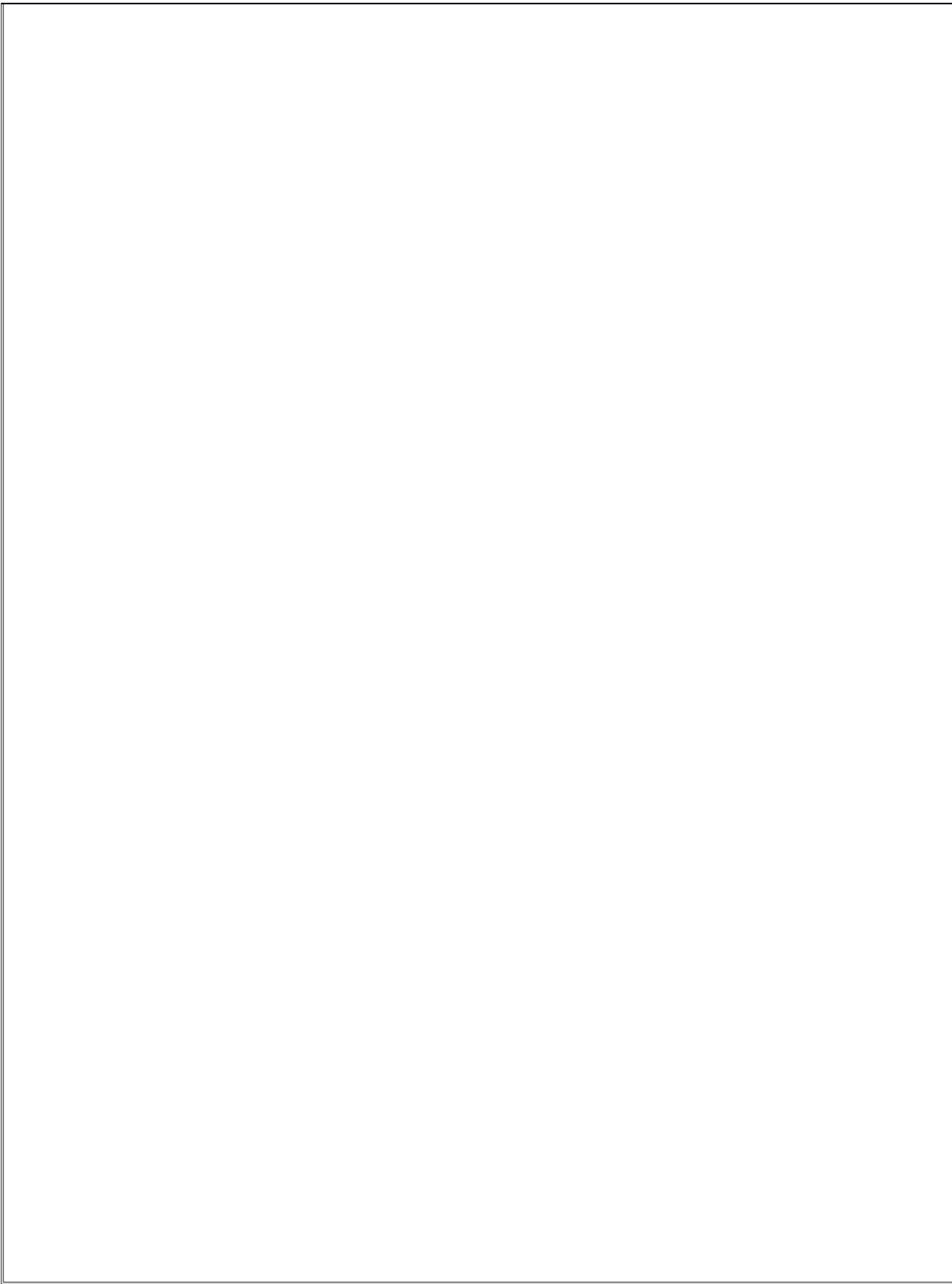
Telephone number

E-mail address

Address

CHILD'S BIOGRAPHY AND HOME LIFE

PLEASE GIVE A PICTURE OF YOUR CHILD'S LIFE, including: Was the child born at home or in hospital, if any complications. Age of crawling, walking, talking, first 'adult' tooth. What is the child like at home? Give details of any likes or dislikes. Hobbies, out of school activities? Does the child watch TV, play computer games, etc? Good relationships with other children? Give an outline of the family's daily routine. Please give some details of siblings – names, dates of birth and position in family, including siblings who live in different homes. Does the child spend time with childminders, au pairs or nannies? Have there been any bereavements or emotional upsets within the family. Please feel free to add any other relevant information. (Attach an extra sheet if you wish.)



HOW DID YOU HEAR ABOUT THE SCHOOL?

ARE YOU FAMILIAR WITH ANY OF THE IDEAS BEHIND STEINER/WALDORF EDUCATION?

WHAT APPEALS TO YOU ABOUT STEINER/WALDORF EDUCATION?

HAVE YOU ATTENDED OUR PARENT & CHILD GROUP, OPEN DAYS, WORKSHOPS, LECTURES ETC?

ARE YOU INTERESTED IN YOUR CHILD CONTINUING WITH STEINER/WALDORF EDUCATION BEYOND AGE 14 YEARS/ CLASS 8?

STARTING SCHOOL

WHEN DO YOU WANT YOUR CHILD TO START?

| | | | |
|---------------------------|---------------------|---------------------|---------------------|
| AS SOON AS POSSIBLE | AUTUMN TERM 20..... | SPRING TERM 20..... | SUMMER TERM 20..... |
|---------------------------|---------------------|---------------------|---------------------|

CHILDREN MUST HAVE REACHED THREE YEARS OLD BY THE END OF MARCH BEFORE THEY START AT THE SCHOOL.
FOR FURTHER DETAILS PLEASE REFER TO OUR REQUIRED FEE CONTRIBUTIONS SHEET ENCLOSED IN THE INFORMATION PACK.

AFTER SCHOOL CLUB

AS CHILDREN IN THE KINDERGARTEN AND CLASS ONE FINISH AT 12.30PM EVERY DAY, ARE YOU INTERESTED IN YOUR CHILD ATTENDING
OUR **AFTER SCHOOL CLUB** – 2 SESSIONS: 12.30 to 3.30pm & 3.30 to 5.30pm – MONDAY TO THURSDAY? Yes / No

THIS APPLICATION

ALL APPLICATIONS ARE SUBJECT TO OUR ADMISSIONS POLICY AND OUR CONTRIBUTIONS POLICY –
PLEASE MAKE SURE THAT YOU READ AND UNDERSTAND THEM.

ALL OUR POLICIES ARE AVAILABLE ON REQUEST FROM THE SCHOOL OFFICE.

IF YOU HAVE ANY QUERIES AND/OR IF YOU NEED ANY HELP REGARDING YOUR APPLICATION,
PLEASE CONTACT THE ADMISSIONS ADMINISTRATOR – CONTACT DETAILS BELOW.

FIRST - PLEASE SIGN:

I CONFIRM THAT I AM/WE ARE APPLYING FOR A PLACE FOR MY/OUR CHILD AT THE SCHOOL AND THAT I/WE AGREE TO PAY ALL FEES DUE ON TIME. THE INFORMATION THAT I HAVE GIVEN IS TRUE TO THE BEST OF MY KNOWLEDGE.

| PRINT NAME | SIGNATURE | DATE |
|------------|-----------|------|
| 1. | | |
| 2 | | |

SECOND - PLEASE CHECK THAT YOU HAVE GIVEN US ALL THE FOLLOWING:

| | |
|---|--|
| COMPLETED AND SIGNED APPLICATION FORM | |
| COPY OF BIRTH CERTIFICATE / DOCUMENTS PROVING PARENTAL RESPONSIBILITY | |
| PASSPORT-SIZED PHOTO | |
| MOST RECENT SCHOOL REPORT | |
| SEN REPORTS if relevant | |
| NON REFUNDABLE PROCESSING FEE £60 | |

THIRD - PLEASE NOW DELIVER/SEND TO:

LONDON STEINER SCHOOL
9 WEIR ROAD, BALHAM, LONDON, SW12 0LT
TELEPHONE: 020 8772-3504
EMAIL: info@waldorf-sw-london.org
WEBSITE: www.waldorflondon.co.uk

Thank you for your interest in our School