

For office use only



London Steiner School

Charity No 289801 Company No 1797323

Please attach here a  
passport-sized photo of your  
child

## 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                                      | PREFERRED NAME   |
| ADDRESS  |          |  |  |
| DATE OF BIRTH  |          | MALE / FEMALE                                  | FAMILY POSITION (e.g. 1 <sup>st</sup> /oldest child, 2 <sup>nd</sup> , middle, last) |
| THE DEPARTMENT OF EDUCATION AND 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                            |  |
| EMAIL ADDRESS  |          | EMAIL ADDRESS                                  |  |
| OCCUPATION   |          | OCCUPATION                                     |  |
| ANYONE ELSE WITH OFFICIAL PARENTAL RESPONSIBILITY  |          |  |  |
| NAME(S)  |          | CONTACT DETAILS                                |  |

### SPECIAL EDUCATIONAL NEEDS

HAS ANYONE EVER RAISED ANY CONCERNS THAT YOUR CHILD MAY HAVE ANY SPECIAL EDUCATIONAL NEEDS OR DISABILITIES? PLEASE GIVE DETAILS.

HAS YOUR CHILD BEEN DIAGNOSED WITH ANY KIND OF SPECIAL EDUCATIONAL NEEDS? PLEASE ATTACH ANY RELEVANT REPORTS

DOES YOUR CHILD HAVE AN EDUCATION AND HEALTH CARE PLAN (EHCP) OR ARE YOU IN THE PROCESS OF OBTAINING ONE? 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

(PEOPLE WHO CAN COLLECT YOUR CHILD FROM SCHOOL, OTHER THAN PARENTS)

|                       |                       |
|-----------------------|-----------------------|
| NAME                  | NAME                  |
| ADDRESS               | ADDRESS               |
| RELATIONSHIP TO CHILD | RELATIONSHIP TO CHILD |
| HOME PHONE            | HOME PHONE            |
| MOBILE PHONE          | MOBILE PHONE          |
| EMAIL                 | EMAIL                 |

#### IN CASE OF AN EMERGENCY

In the case of emergency, staff of the school will follow agreed school policy and procedures and, if it is not possible to speak to parents or other emergency contacts, will act 'in loco parentis' to obtain emergency medical treatment and, if necessary, communicate with police or government agencies to ensure the safety and care of the children.

### FURTHER DETAILS

WHICH LOCAL AUTHORITY DOES THE CHILD LIVE IN?

DOES YOUR FAMILY HAVE A SOCIAL CARE WORKER? YES/NO

DOES YOUR CHILD HAVE A CHILD PROTECTION PLAN? YES/NO

IS THERE ANYONE WHO DOES NOT HAVE PERMISSION TO COLLECT YOUR CHILD? PLEASE GIVE DETAILS OF NAME AND RELATIONSHIP TO CHILD

### CHILD'S MEDICAL DETAILS

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

IMMUNISATIONS / VACCINATIONS

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.

### DETAILS OF CHILD'S DOCTOR

Name

Telephone number

Email 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.)

***If you are making an application for a child in Kindergarten (3-7 years), please include details of your child's 2½ year check which you will have had with your Health Visitor.***

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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.<br>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<br>OUR <b>AFTER SCHOOL CLUB</b> – 12.30 to 3.30pm and 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>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, INFORM THE SCHOOL OF ANY AND ALL INFORMATION REQUESTED REGARDING MY/OUR CHILD, INCLUDING ONGOING UPDATES AND I/WE CONFIRM THAT THE INFORMATION THAT I/WE HAVE GIVEN IS TRUE TO THE BEST OF MY KNOWLEDGE.</i> |           |      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------|
| 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 / PASSPORT / DOCUMENTS PROVING PARENTAL RESPONSIBILITY |  |
| PASSPORT-SIZED PHOTO                                                             |  |
| MOST RECENT SCHOOL REPORT                                                        |  |
| SEN REPORTS if relevant                                                          |  |
| NON-REFUNDABLE PROCESSING FEE <b>£60</b>                                         |  |

**THIRD - PLEASE NOW DELIVER/SEND TO:**

**LONDON STEINER SCHOOL**  
**9 WEIR ROAD, BALHAM, LONDON, SW12 0LT**  
**TELEPHONE: 020 8772-3504**  
**EMAIL: [admissions@londonsteinerschool.org](mailto:admissions@londonsteinerschool.org) WEBSITE: [www.londonsteinerschool.org](http://www.londonsteinerschool.org)**  
 Thank you for your interest in our School

**DATA PROTECTION ACT 2018**  
 London Steiner School (LSS) holds data about pupils and their parents, to support teaching and learning, to provide pastoral care and to assess how the school is performing.  
 LSS may also receive data about pupils from other organisations, and share it with other organisations, including, but not limited to, other schools, local authorities and the Department for Education (DfE).  
 By signing this form you give permission for information to be shared for the purposes of the education of your children.  
 London Steiner School is registered as a Data Controller, with the Information Commissioner's Office (ICO).  
 Details are available on the ICO website.