



## 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 NAMES      | PREFERRED NAME                              |
| ADDRESS         |                 |   |
| DATE OF BIRTH   | MALE / FEMALE   | FAMILY POSITION (e.g. 1 <sup>st</sup> of 3) |
| RELIGION        | NATIVE LANGUAGE | OTHER LANGUAGES SPOKEN                      |

| ETHNICITY  |
|--|
| THE DEPARTMENT OF EDUCATION AND THE LOCAL AUTHORITY REQUESTS THIS INFORMATION TO CONTRIBUTE TO LOCAL AND NATIONAL STATISTICS – Please <b>CIRCLE</b> what best describes your child's ethnicity |
| WHITE – English / Welsh / Scottish / Northern Irish / British / Irish / Gypsy or Irish traveller<br>ANY OTHER WHITE BACKGROUND - please describe:  |
| MIXED / MULTIPLE ETHNIC GROUPS – White and black Caribbean / White and black African / White and Asian<br>ANY OTHER MIXED / MULTIPLE ETHNIC GROUP – please describe:                           |
| ASIAN / ASIAN BRITISH – Indian / Pakistani / Bangladeshi / Chinese<br>ANY OTHER ASIAN BACKGROUND - please describe:  |
| BLACK/AFRICAN/CARIBBEAN/BLACK BRITISH – African / Caribbean<br>ANY OTHER BLACK/AFRICAN/CARIBBEAN - please describe:  |
| OTHER ETHNIC GROUP – Arab<br>ANY OTHER ETHNIC GROUP - please describe:   |

| FURTHER DETAILS   |
|---|
| WHICH LOCAL AUTHORITY DOES THE CHILD LIVE IN?   |
| HAS ANYONE <u>EVER RAISED ANY CONCERNS</u> THAT YOUR CHILD MAY HAVE ANY SPECIAL EDUCATIONAL NEEDS OR DISABILITIES? YES / NO<br>PLEASE GIVE DETAILS.                 |
| HAS YOUR CHILD <u>BEEN DIAGNOSED</u> WITH ANY KIND OF SPECIAL EDUCATIONAL NEEDS? YES / NO<br>HAVE YOU GIVEN US ANY RELEVANT REPORTS WITH THIS APPLICATION? YES / NO |
| DOES YOUR CHILD HAVE AN EDUCATION AND HEALTH CARE PLAN (EHCP) OR ARE YOU IN THE PROCESS OF OBTAINING ONE? YES / NO<br>PLEASE PROVIDE EVIDENCE                       |
| DOES YOUR FAMILY HAVE A SOCIAL CARE WORKER? YES / NO  |
| DOES YOUR CHILD HAVE A CHILD PROTECTION PLAN? YES / NO  |

## IN CASE OF EMERGENCY

Please ensure that you are providing us with clear and up to date information, keep a copy so that you remember what you have given us and let us know if any of these details change.

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.

### CHILD'S MEDICAL DETAILS

|   |  |
|---|--|
| ANY MEDICAL CONDITION OF CHILD eg:<br>Allergies, Dietary Requirements, Diabetes, Epilepsy, etc. | IMMUNISATIONS / VACCINATIONS<br>Please list any your child has had and approximately when. |
| SPECIAL MEDICATION TO BE AVAILABLE AT SCHOOL eg:<br>Asthma Inhaler, etc.                        | INFECTIOUS DISEASES<br>Please list any your child has had and approximately when.          |

### DETAILS OF CHILD'S DOCTOR

|         |                  |               |
|---------|------------------|---------------|
| Name    | Telephone number | Email address |
| Address |                  |               |

### PARENTS DETAILS - PLEASE NUMBER CALLING PRIORITY IN BLUE BOX

|  |  |
|--|--|
| <input style="width: 100%;" type="text" value="NAME"/> | <input style="width: 100%;" type="text" value="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

|   |   |
|---|---|
| 1. NAME, RELATIONSHIP AND CONTACT DETAILS | 2. NAME, RELATIONSHIP AND CONTACT DETAILS |
|---|---|

### OTHER EMERGENCY CONTACT DETAILS - PLEASE NUMBER CALLING PRIORITY IN BLUE BOX

|   |  |
|---|--|
| <input style="width: 100%;" type="text" value="NAME"/>  | <input style="width: 100%;" type="text" value="NAME"/> |
| RELATIONSHIP TO CHILD   | RELATIONSHIP TO CHILD                                  |
| MOBILE PHONE NO.  | MOBILE PHONENO.  |
| IS THERE ANYONE WHO <b>DOES NOT</b> HAVE PERMISSION TO COLLECT YOUR CHILD?<br>PLEASE GIVE DETAILS OF NAME AND RELATIONSHIP TO CHILD |  |

## 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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PLEASE GIVE PREVIOUS SCHOOLS' DETAILS: name, address, telephone number, contact person, dates attended and your signature to confirm consent to contact them for further information

DETAILS:

DATES ATTENDED – FROM

TO

SIGNATURE

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** – 12.30 to 3.30pm and 3.30 to 5.30pm – MONDAY TO FRIDAY? **Yes / No**

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 / PASSPORT / DOCUMENTS PROVING PARENTAL RESPONSIBILITY                                                                                      |  |
| PASSPORT-SIZED PHOTO                                                                                                                                                  |  |
| MOST RECENT SCHOOL REPORT                                                                                                                                             |  |
| SEND REPORTS if relevant                                                                                                                                              |  |
| NON-REFUNDABLE PROCESSING FEE <b>£60</b> PLEASE GIVE REFERENCE: "APPLICATION (YOUR NAME)"                                                                             |  |
| <b>HSBC, 103 Streatham Hill, Streatham, London SW2 4UE</b><br><b>A/C Sort code: 40-06-32</b><br><b>A/C Number: 21276751</b><br><b>A/C NAME: London Steiner School</b> |  |
| <b>International Bank Details</b><br><b>IBAN: GB81HBUK40063221276751</b><br><b>BIC = HBUKGB4142T</b><br><b>A/C Name: The Waldorf School of S W London Ltd</b>         |  |

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

**LONDON STEINER SCHOOL**  
**9 WEIR ROAD, BALHAM, LONDON, SW12 0LT**  
**EMAIL: admissions@londonsteinerschool.org**