



OFFICE USE ONLY	
Date received	
Date app. fee received	
Signed & dated x3	
School reports?	
Passed to	
Interview/trial dates	

Please attach a recent photograph of yourself

## Part I: Student Application Form

to be completed by the student themselves

Full Name:

Name you are usually known by (if different):

Address:

Date of Birth:

Age:

Gender:

Mobile no. (optional):

Email (optional):

Nationality:

Ethnic group:

Mother tongue:

Other language(s) spoken at home:

**In order for us to know more about you, please answer the questions below in your own handwriting.**

### **School subjects**

Please indicate what you have recently learned about and what you like most and least about the following subjects:

History:

Maths:

English:

Geography:

Physics:

Chemistry:

Biology:

Foreign Languages:

Art & Craft:

PE:

Drama:

**Interests** (please give details when answering the following questions)

Do you read for pleasure? If so, what are some of the books you have enjoyed?

Do you write in your own time? If so, what have you written recently?

Do you do any art or craft in your own time?

Do you play any sports? How often?

Do you play any musical instruments or sing?

What other interests are important to you?

Do you like working with your hands?

What do you do on the computer/tablet/smartphone (e.g. emailing, gaming, watching videos, social networking, blogging etc.)?

Where do you get your news?

Have you attended any theatre or concerts recently? If so, please give details.

What kind of music do you listen to?

What do you watch on TV/streaming platforms?

What are some of your favourite films?

Are you involved in any other activities outside school? Please describe.

**Please comment on:**

Your behaviour at school generally:

Your attendance and punctuality:

Have you ever been excluded (suspended or expelled) from school? If so, when and why?

Are you able to work well independently?

Why do you want to attend this school?

What do you think you might like to do when you leave school?

Is there anything else you think we should know about you?

The school staff and students work hard to create a healthy social life. The School does not tolerate the use of alcohol and tobacco products on school premises, or of other controlled substances. By signing this form, you are agreeing to abide by the school's policies against their use.

### **Declaration**

I declare that the information I have given on this form is true to the best of my knowledge and that it may be processed by The St Michael Steiner School in accordance with the school's Privacy Notice, which is available here: <http://stmichaelsteiner.hounslow.sch.uk/wp-content/uploads/2018/05/Privacy-Notice-to-parents-and-students.pdf> and Data Protection policies, available on the website.

Your signature

Date

# Part 2: Parent Application Form

to be completed by the student's parent(s) or guardian(s)

## **Name of Student applying:**

## **Parent(s)/Guardian(s):**

Name (1):

Address (if different from above):

Tel:

Email:

Occupation:

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Name (1):

Address (if different from above):

Tel:

Email:

Occupation:



**Please answer the following questions about the student:**

Why do you want them to attend the St Michael High School?

Do they have any extra learning, behavioural, emotional or physical needs?

How do they spend their spare time?

## Previous Schools

Please list all previous schools attended by your child, with dates and attach copies of the most recent reports including any relating to special educational needs.

Name of school	Address	Date started (dd/mm/yy)	Date left (dd/mm/yy)

### **Please comment on the following in relation to the student:**

Independence:

Responsibility:

Initiative/Motivation:

Would you like to tell us anything else about them?

Are there any issues/questions you would like to discuss at interview

If they are offered a place in the school, when would you like them to start?

Do you have outstanding debts at any other school? YES/NO (if yes, please give details; we will need to contact them)

### **Trial period**

Part of the admissions process includes a trial period, during which time your son/daughter will be part of the class and will be expected to take part in all of the normal activities. By signing this form, you are giving consent for them to:

1. Receive any medical attention deemed necessary in the event of accident or illness during school hours, after school clubs, or on school trips and outings. (Please tell us of any allergies, intolerances, medical conditions, special medications etc., the signs of the condition manifesting and any action that would need to be undertaken by the school.)
2. Leave the school premises for any class outings and trips that may be arranged. You will be informed of the dates, times, locations and supervisory arrangements in advance.
3. Climb trees/ladders etc.; light candles; dig in the earth; use tools (saws, knives, chisels, hammers etc.).
4. Please give us two contact phone numbers in case of an emergency during the trial days:
5. Please let us know who will be picking them up after school on each of their trial days, or if they will be travelling home alone:

## Declaration

I declare that the information given on this form is true to the best of my knowledge and that it may be processed by The St Michael Steiner School in accordance with the school's Privacy Notice, which is available here: <http://stmichaelsteiner.hounslow.sch.uk/wp-content/uploads/2018/05/Privacy-Notice-to-parents-and-students.pdf> and Data Protection policies, available on the website.

Signature:

Date:

Return this form, together with the completed student's part, by email to [info@stmichaelsteiner.com](mailto:info@stmichaelsteiner.com) (subject line: Admissions) or by post to:

**Admissions  
The St Michael High School  
Park Road  
Hanworth Park  
TW13 6PN**

Please check that you have:

- Answered all the questions
- Paid the £50 non-refundable application fee online via BACS payment.
  - Account name: ST MICHAEL STEINER SCHOOL LTD
  - Account number: 65098413
  - Sort code: 08-92-99
  - Bank: THE CO-OPERATIVE BANK
  - Reference: Your child's name (so that we can identify your payment)
- Included latest school reports
- Included SEND and any other relevant reports

Please be aware that your application will not be processed until all of the requested paperwork has been received.

Thank you for your application. We will contact you soon to offer you an interview with the relevant teachers. If you have any questions, please contact the school on Tel: 020 8893 1299 or Email: [info@stmichaelsteiner.com](mailto:info@stmichaelsteiner.com)

NB: THIS PAGE MUST NOT BE PRINTED DOUBLE-SIDED

## Education

To help us better understand parents' priorities and concerns, please indicate how important you consider the following to be in your child's life:

	Essential	Very important	Quite important	Not important	Undesirable
Intellectual development					
Physical development					
Artistic development					
Academic achievement					
Development of practical skills					
Development of social skills					
Developing independence					
Chores/Cleaning/tidying up					
Discipline					
Authority					
Punctuality					
Inclusion of all children					
IT skills					
Formal exams					
Homework					
Contact with nature					
Outings and trips					
Sport					
Screen-based entertainment					
Religious festivals					
After-school clubs					
Foreign languages					

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