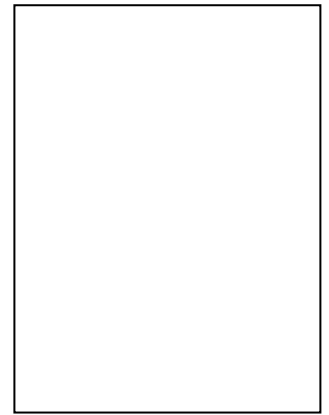




OFFICE USE ONLY	
Date received	
Date app. fee received	
Signed & dated x2	
School reports?	
Passed to	
Interview/trial dates	



Please attach a recent photograph

Application Form for Classes 1-8

Full name of child:

Date of Birth:

Gender:

Address:

Nationality:

Ethnic group:

Mother tongue:

Other language(s) spoken at home:

Parent/Guardian (1)

Name:

Address (if different from child's):

Telephone (mobile preferably):

Email:

Occupation:

Parent/Guardian (2)

Name:

Address (if different from child's):

Telephone (mobile preferably):

Email:

Occupation:

Health and Wellbeing

Does your child have any allergies?

What immunisations (if any) has your child had?

Has your child had any serious or 'childhood' illnesses?

Does your child have any medical or other condition that would require special treatment during the school day?

Is your child currently on a special diet or receiving any medical treatment, therapy or remedy?

Does your child have any special educational or behavioural needs?* Yes / No

Does your child have a Statement of Special Educational Needs?* Yes / No

Are there any outside agencies involved with the child's family?* Yes / No

*Please attach reports (if any) or give verbal details at interview.

Is there anything else we should know about your child's health or wellbeing?

Previous Schools

Please list all previous schools and nurseries attended by your child, with dates. Please attach copies of the most recent reports.

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

Do you have any outstanding debts at any other school? Yes / No

If yes, please give details:

Do we have your permission to contact them about this? Yes / No

Please note that we may refuse admission until debts to other schools are paid.

Are there any particular questions or issues you would like to discuss at interview? (Please give brief details):

Biography

Please use this page to write a biography of your child, including any information you feel is relevant, e.g. developmental milestones; significant events (accidents, illnesses, bereavements); important relationships; experience at previous schools etc.

Home Life

Please tell us about your child's home life, including anything you feel is relevant, for example, parents and other significant adults in their life; siblings; time spent in a second home or with child minders/nannies/au pairs; pets; diet; interests; holidays (where? how often?); outline of daily routine (meals eaten together? bedtime, morning routine) after-school activities or clubs; weekend activities; use of screen technology; likes and dislikes.

Are you aware of the school's ethos and our policies regarding use of electronic media? Yes/No

Does your child currently watch or use any screen-based or digital technology (mobile phone, tablet, computer, TV, computer, Playstation or anything similar)? Please tick:

- Not at all
- Occasionally
- Only in the holidays
- Only at weekends. Please tell us how many hours:
- Every day/most days. Please tell us how many hours:
 - In the morning before school.

If your application is successful, when would you like your child to start?

Trial period

Part of the admissions process includes a trial period for your child, during which time s/he 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 your child to:

1. Receive any medical attention deemed necessary in the event of accident or illness during school hours, afternoon care, after school clubs, or on school trips and outings. Please list 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 under proper supervision for any class outings and trips that may be arranged. I understand that I will be informed of the dates, times, and locations in advance.
3. Under adult supervision, in an appropriate setting and at an appropriate age: climb trees, light candles, hold hands with or put arms around adults if the child wants to; use pottery cups and plates, and glasses rather than plastic ones; dig in the earth; make mud pies; cook; play with sticks; use tools (scissors, needles, 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 up your child after school on each of their trial days or if they will be travelling independently:

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.

Signed:

Date:

Submitting the form

- Pay the non-refundable £60 application fee online via BACS payment (Please quote your child's name as a reference so we can identify your payment)

Account name: ST MICHAEL STEINER SCHOOL LTD
Account number: 65098413 / Sort code: 08-92-99
Bank: THE CO-OPERATIVE BANK

- Then scan and return this form, together with
- the completed student's part, and
- the student's most recent school reports
- to info@stmichaelsteiner.com (subject line 'Admissions'), or send/deliver hard copies to:

Admissions
The St Michael Steiner School
Park Road
Hanworth Park
TW13 6PN

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

Tel: 020 8893 1299 Email: info@stmichaelsteiner.com Website: www.stmichaelsteiner.hounslow.sch.uk
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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					

This page may be detached and used for school development research. Please do not give any personal information here.