



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

Please attach a recent photograph

# Kindergarten Application Form

Full name of child:

Date of Birth:

Gender:

Address:

Mother tongue:

Other language(s) spoken at home:

Nationality:

What ethnic group does your child belong to?:

Religion (optional)\*:

## 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:

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## **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 an Education, Health and Care (EHC)\* plan or Learning Difficulty Assessment (LDA)\* 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 nurseries and schools attended by your child, with dates and attach copies of the most recent reports (if any), including any relating to special educational needs.

Name of school	Address	Date started d/m/y	Date left d/m/y

Report(s) attached (Please tick to confirm)

Please note that we will request information from your child's previous school(s).

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

If yes, please say which school(s):

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):

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 (up to an hour a week)
- 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.

## **Biography**

Please use this page to write a biography of your child, including any information you feel is relevant, e.g. early years; 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 else you feel is relevant, for example, parents and other significant adults in their life; siblings; time spent in a second home or with childminders/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.

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

## 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 £80 application fee online via BACS payment (Please quote your child's name as a reference so that 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

and return this form, together with:

- most recent school reports if your child has already started school
- SEND or other relevant reports

to [info@stmichaelsteiner.com](mailto:info@stmichaelsteiner.com) (subject line 'Admissions') or send/deliver hard copies to Reception at:

Admissions  
The St Michael High 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](mailto:info@stmichaelsteiner.com)

Tel: 020 8893 1299 Email: [info@stmichaelsteiner.com](mailto:info@stmichaelsteiner.com) Website: [www.stmichaelsteiner.hounslow.sch.uk](http://www.stmichaelsteiner.hounslow.sch.uk)  
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