

## Application for Admission to Upper School (Class 8/9 - 12/13)

Please make sure you have read and understood our Admissions Process before completing and submitting this form.

Child's Details				
Child's full name	Date of Birth			
Gender Status (Male/Female/Non-Binary) please	specify:			
NationalityE	thnicity			
Is English an additional language for your child?	Yes [ ] No [ ] Main language used at home?			
Does the child have 'Looked After Child' status? (placed with foster carers, in a residential home, le	Yes[] No[]  pooked after by the local authority or under any other circumstances)			
Preferred start date				
How long do you want your child to attend Cardiff Steiner School? Please include reasons (e.g. until aged 18 etc.)				
Parents/Guardians				
Parents/Guardians 1 full name/s				
Relationship to child				
Address				
Postcode_	Home Telephone			
Mobile number	Email			
Parents/Guardians 2 full name/s				
Relationship to child				
Address				
Postcode_	Home Telephone			
Mobile number	Email			
If you are living separately please say who the ch	nild generally lives with and who will be responsible for paying fees:			

	Date of birth	Male /Female	School attending
	I		
rd			
Educational History			
Name and address of child's pre	sent school with start date	e:	
We will contact teachers at you	child's present school. If	for any reason yo	u don't want us to, please tell us below.
			······································
Name and address of previou	s schools including nurs	ery/kindergartens	s with dates. Continue on a separate sheet if
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necessary)			
necessary)  Please provide us with copie			
necessary)  Please provide us with copie			
Please provide us with copie settings:  [ ] No reports have been ma	s of the last two years		
necessary)	s of the last two years		with dates. Continue on a separate sheet if

Health & Educational Needs		
Does the applicant have a registered disability? Yes [] No [] If yes, please give a brief summary here and provide full details on a separate sheet, along with any reports you may have		
Does the applicant have a Statement of Special Educational Needs? Yes [ ] No [ ]  If yes, please give a brief summary here and provide full details on a separate sheet, along with any reports you may have.		
Does the applicant have any particular health needs? (e.g. asthma/allergies) Yes [ ] No [ ] If yes, please specify.		
Is the applicant currently receiving medical treatment? Yes [ ] No [ ]		
If yes, please specify.		
Does the applicant have any Additional Learning Needs? (including learning, behavioural or socio/emotional needs)  Yes [ ] No [ ]  If yes, please give a brief summary here and provide full details on a separate sheet including any additional support for this that your child has received, or is currently receiving, from School or other services, along with any reports you may have.		
Has the applicant ever been referred to a child/educational psychologist or other educational/ development consultant?  Yes [ ] No [ ]  If yes, please specify		

Please provide us with copies of all reports from any child/educational psychologist or any other educational/ development consultant regarding the applicant			
[ ] No reports have been made			
<u>OR</u>			
[ ] I am including copies of reports			
OR I I will send on copies of reports. Plo	ease specify when you expect to send these and the reason for any delay:		
General health of the applicant. Please (Continue on a separate sheet if necess	e give details of any specific health problems, past or present not covered above.		
Activities (including hobb	pies, sports, etc.) currently enjoyed by the applicant		
How did you first hear al	oout the Cardiff Steiner School?		
Tick all that apply			
[ ] Leaflet picked up (from where)			
[ ] Advert (in what)			
[ ] Website (which one)			
[ ] Leaflet through post	[ ] Poster		
[ ] General word of mouth	[ ] Newspaper listing/editorial		
[ ] TV/Radio	[ ] Recommendation from someone who attends		
[ ] Other (please state)			

The information given on this form will be held by Cardiff Steiner School. Apart frostatutory returns and for research purposes, all information will be held in the str requirements of the Data Protection Act 2018.	_			
I note the above statement and believe the information provided in this form to be correct as of this date. If my child enrols at the School I will inform the school of any changes that may occur whilst my child attends the School.				
I understand that in matters relating to admissions to Cardiff Steiner School, the decision of the College of Teachers is final.				
Signature of all parents/guardians you have provided are required:				
Signature of Parent/Guardian	Date			
Signature of Parent/Guardian	_Date			

## <u>To complete your Application for Admission please ensure your complete the</u> section overleaf.

Thank you.

Please return this form to Nicola Robinson, Admissions, Cardiff Steiner School, Hawthorn Road West, Llandaff North, Cardiff, CF14 2FL. Please mark the envelope **PRIVATE & CONFIDENTIAL.** 

## **Application for Admission**

Please tell us your reasons for choosing a Steiner education for your child. Feel free to include any information that will help complete our picture of your child. Please submit this page with your child's competed application.