Cardiff Steiner School

learning to love learning

Application for Admission to Lower & Upper School (Class 1 – 12/13)

Please make sure you have read and understood our Admissions Process before submitting this form.
Moving up the School. It is assumed that each pupil who satisfies the relevant criteria at the time will progress through the School. There is an individual assessment process for progression that takes place in the transition from Lower School to Upper School. See Terms & Conditions.

Child's Details

Child's full name_____**Date of Birth**_____

Gender Status (Male/Female/Non-Binary) please specify: _____

Nationality_____**Ethnicity**_____

Is English an additional language for your child? Yes [ ] No [ ] Main language used at home?_____

Does the child have 'Looked After Child' status? Yes [ ] No [ ]
(placed with foster carers, in a residential home, looked after by the local authority or under any other circumstances)

Child's Immigration Status

British Citizen [ ] EU Settled/Pre-Settled Status [ ] Dependent Visa [ ]

Student Sponsor VISA Required [ ] Other [ ] please specify_____

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 child generally lives with and who will be responsible for paying fees:

_____

Other family details - Please give details of any other children currently living at your child's home(s)

Children's names	Date of birth	Male /Female	School attending

Educational History

Name and address of child's present school with start date:

_____

_____

_____

We will contact teachers at your child's present school. If for any reason you don't want us to, please tell us below.

_____

_____

_____

Name and address of previous schools including nursery/kindergartens with dates. Continue on a separate sheet if necessary)

_____

_____

_____

_____

_____

<u>Please provide us with copies of the last two years' reports by previous schools, nurseries or other education settings:</u>

[ ] No reports have been made on my child
<u>OR</u>
[ ] I am including copies of reports
<u>OR</u>
[ ] I will send on copies of reports. **Please specify when** you expect to send these and the reason for any delay:

_____

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
OR
[ ] I am including copies of reports
OR
[ ] I will send on copies of reports. **Please specify when** you expect to send these and the reason for any delay:

_____

General health of the applicant. Please give details of any specific health problems, past or present not covered above.
(Continue on a separate sheet if necessary)

_____

_____

_____

_____

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_____

_____

_____

_____

Activities (including hobbies, sports, etc.) currently enjoyed by the applicant

_____

_____

_____

_____

How did you first hear about 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)_____

Have you visited the School? If yes, when? _____

Personal Statement

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.

Data Protection Notice
Cardiff Steiner School processes personal data on this form in accordance with UK GDPR to administer admissions, coordinate entrance assessments, and fulfil legal safeguarding obligations. Any health, disability, or Additional Learning Needs (ALN) information provided is processed as Special Category Data to arrange reasonable adjustments during assessments and to evaluate whether the school can appropriately support and meet the applicant's educational, medical and welfare needs. Unsuccessful application data is retained securely for [12–24 months] before deletion. To exercise your data protection rights or to see our full Privacy Notice, please contact admissions@cardiffsteiner.org.uk

I note the data protection statement above.

Declaration & Signatures

[ ] **Parental Responsibility Consent** I confirm that all parties with Parental Responsibility consent to this application.

By signing below, I confirm that the information provided on this form is correct as of this date. If my child enrols at Cardiff Steiner School, I agree to inform the School of any changes to this information.

I understand that all admissions decisions are made at the School's discretion in accordance with it's Admissions Policy, and that the decision of the School's Admissions Panel is final.

Parent / Guardian 1

Full Name: _____Relationship to Applicant: _____

Signature: _____ Date: _____

Parent / Guardian 2 *(Optional at initial application if tick box above is checked)*

Full Name: _____Relationship to Applicant: _____

Signature: _____ Date: _____

Please return this form :

by post to: Kamila Klimczewska, Admissions, Cardiff Steiner School, Hawthorn Road West, Llandaff North, Cardiff, CF14 2FL - please mark the envelope **PRIVATE & CONFIDENTIAL.**

Or by email to: admissions@cardiffsteiner.org.uk