



Application for Admission to Kindergarten (age 3 to 6)

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 Kindergarten to Class 1, and 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 _____

Number of days/times per week and which days preferred _____

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/Childcare History (if applicable)

Name and address of child's present school/early years setting with start date:

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

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

Please provide us with copies of all reports by previous schools, nurseries and childcare settings as follows:

☐ No reports have been made on my child

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:

Health & Educational Needs

General health of your child. Please give details of any specific health problems, past or present, including any medical treatment they are currently receiving. (Continue on a separate sheet if necessary)

Does your child 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 your child 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 receiving, from nursery, school or other services**, along with any reports you may have.

Does your child 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.)

Has your child ever been referred to a child/educational/ development consultant or practitioner?

Yes [] No []

If yes, please specify

Please provide us with copies of any reports from any child/educational/ development consultant or practitioner

[] 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:

How did you first hear about the Cardiff Steiner School?

Tick all that apply

- ☐ Advert (in what) _____
- ☐ Website (which one) _____
- ☐ Recommendation from someone who attends
- ☐ General word of mouth
- ☐ Leaflet picked up (from where) _____
- ☐ Poster ☐ Newspaper listing/editorial
- ☐ Other (please state) _____

Have you attended an Open Day/Visit Morning? 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. Please submit this page with your child's completed application

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 enrolls 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 its 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