

Application Form

Information provided on this form will be held confidentially and in accordance with UK GDPR legislation. Please complete the form in full, providing all relevant information and documentation.

SECTION 1 – CHILD’S DETAILS					
Surname		First name(s)		Preferred name	
Home Address					
Postcode					
Date of Birth		Gender			
Nationality		First language(s) (Spoken at Home)			
Does this student require a Visa to attend?	Yes / No (Please circle)		English language proficiency level		
UPN (Issued by first school)		Requested Start date			

SECTION 2 – PARENT / GUARDIAN CONTACT INFORMATION				
PARENT / GUARDIAN (1)				
Relationship to Child		Resident with Child?	Yes / No (Please circle)	
		Has Parental Responsibility	Yes / No (Please circle)	
Full Name				
Home Address	*If different to above			
Post Code		Telephone (Day)		
Mobile Telephone		Telephone (Eve)		
Email Address				
Occupation				
PARENT / GUARDIAN (2)				
Relationship to Child		Resident with Child?	Yes / No (Please circle)	
		Has Parental Responsibility	Yes / No (Please circle)	
Full Name				
Home Address	*If different to above			
Post Code		Telephone (Day)		

Mobile Telephone		Telephone (Eve)	
Email Address			
Occupation			

CUSTODIAL PARENT / GUARDIAN

If legally separated or divorced. Note: Complete this section only if there is court order or residence agreement. In the absence of this, both parents are regarded as the admitting parents and must complete and sign this form.

Relationship to Child		Resident with Child?	Yes / No (Please circle)
		Has Parental Responsibility	Yes / No (Please circle)
Full Name			
Home Address			
Post Code		Telephone (Day)	
Mobile Telephone		Telephone (Eve)	
Email Address			

NATURAL BIRTH PARENT

Important: If appropriate, if either parent / guardian named above is not the natural birth parent of the applicant child, please give name and address of that parent here, if they retain Parental Responsibility:

Full Name			
Home Address			
Post Code		Telephone (Day)	
Mobile Telephone		Telephone (Eve)	
Email Address			

We will contact the parent named above to inform them of this application on behalf of the child applicant and include them in all subsequent correspondence as appropriate, unless there is a Court Order prohibiting this. Please provide a copy of any Court Order relating to the applicant child.

SECTION 3 – OTHER CHILDREN IN THE FAMILY

Name	DoB	School

SECTION 4 – EDUCATIONAL BACKGROUND				
Current and previous nurseries / schools / kindergartens attended (if applicable) in chronological order, starting with most recent (including playgroups, day care and other group experience)				
Details of any gaps in education				
Of the school / nursery last attended please provide:	Address and general telephone number		Contact name and role (e.g. teacher, head teacher, key worker, form tutor ...)	
Contact email address			Contact telephone number	
Date Joined		Date Left (if applicable)		
Reasons for wishing to change schools / nursery				
What is it about Waldorf Education that particularly appeals to you as a family?				
Please sign if you give your consent for us to contact any of the above providers to request a verbal / written reference and / or safeguarding information.				<i>Signature</i>

SECTION 5 – DEVELOPMENTAL INFORMATION				
<p>It is helpful to have the following information for all applicants, but particularly for Kindergarten and Lower School aged children. If you would rather not provide this information in writing, you can indicate that you would prefer to discuss these in person during your interview. We collect this information to help us form a picture of the child. <u>All data is treated in the strictest confidence and is received without prejudice or judgement.</u></p>				
Details of birth (please indicate as appropriate)	Normal Uncomplicated	Caesarean Breech	Induced Premature	Forceps Prolonged
Developmental Stages (please give approximate age)				
Crawling		Walking		Speaking

SECTION 6 – MEDICAL HISTORY					
Name of Family Doctor					
Telephone Number of Family Doctor					
Does your child experience any sight, hearing or speech difficulties?		YES / NO* (Please circle as appropriate)			
<i>* Please give details and include any relevant medical report(s) as well as the date of the last hearing or vision test:</i>					
Childhood illnesses - has your child had any of the following transmittable diseases, and if so please give approximate age or date:					
Measles		Mumps		Chickenpox	
German measles		TB		Whooping cough	
Has your child ever had any serious illness, been hospitalised for any reason, or undergone any surgery? Have they taken any medication in the last two years?				YES / NO* (Please circle as appropriate)	
<i>* Please give details and include any relevant medical report(s):</i>					
Does your child have any acute or chronic medical health condition or disability? Does this have any adverse effect on your child's day-to-day activities?				YES / NO* (Please circle as appropriate)	
<i>* If yes, please give details and include any relevant medical report(s):</i>					
Has your child ever been diagnosed with any special educational need (Dyslexia, ADD, ADHD, Asperger's or any other learning difficulty), or has your child had any extra support, either in school or outside of school?				YES / NO* (Please circle as appropriate)	
<i>* Please give details and include any relevant report(s):</i>					

Has your child been assessed by any of the following professions? If so, please give approximate date:			
Educational Psychologist		Speech and Language Therapist	
Clinical Psychologist		Psychiatrist	Occupational Therapist
Does your child suffer from any allergy (including hay fever), or food intolerances?		YES / NO* (Please circle as appropriate)	
<i>* Please give details and instructions on immediate treatment/precautions:</i>			
Is your child on any special diet?		YES / NO* (Please circle as appropriate)	
<i>* Please give details:</i>			
Has your child been vaccinated (including tetanus)?		YES / NO* (Please circle as appropriate)	
If YES:	Yes, he / she has received all prescribed vaccines	Yes, he / she has received the following vaccines:	
Are there any areas in which you feel your child may need support? (e.g. with language skills, dyslexia, social confidence, behaviour, food, needing extra challenges, or anything else that might be helpful to know)			
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Is there an Early Help Assessment in place?		YES / NO* (Please circle as appropriate)	

SECTION 7 – HEALTH AND WELLBEING	
Has your child experienced any emotional difficulties / mental health challenges?	YES / NO* (Please circle as appropriate)
* Please also provide details if you have used any external agencies such as counselling / therapy / interaction with CAMHS or other mental health services.	
Has your child experienced any bereavement? If yes, when?	YES / NO* (Please circle as appropriate)
* If you wish, please provide details:	
Is there currently, or has there ever been any involvement with the safeguarding team at your child's current or former school / nursery, or social services? (For your privacy, please do not share details here. A member of the safeguarding team will contact you should you indicate 'yes'.)	YES / NO* (Please circle as appropriate)
Has your child ever had poor school / nursery attendance (<89%) or struggled to attend school?	YES / NO* (Please circle as appropriate)
* Please provide details:	

SECTION 8 – OTHER INFORMATION																																	
How did you hear about the School? (please tick)	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;"></th> <th style="width: 20%; text-align: center;">Where?</th> <th style="width: 20%;"></th> <th style="width: 20%; text-align: center;">When?</th> </tr> </thead> <tbody> <tr> <td>• Poster</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>• Flyer</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>• From a friend / word of mouth</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>• Publication</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>• Web search</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>• School event</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>• Other _____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>		Where?		When?	• Poster	<input type="checkbox"/>	_____	<input type="checkbox"/>	• Flyer	<input type="checkbox"/>	_____	<input type="checkbox"/>	• From a friend / word of mouth	<input type="checkbox"/>	_____	<input type="checkbox"/>	• Publication	<input type="checkbox"/>	_____	<input type="checkbox"/>	• Web search	<input type="checkbox"/>	_____	<input type="checkbox"/>	• School event	<input type="checkbox"/>	_____	<input type="checkbox"/>	• Other _____	<input type="checkbox"/>	_____	<input type="checkbox"/>
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Have you attended any School event(s) here?	YES / NO Who attended? _____ When? _____ Which event(s)? _____ When? _____																																
Would you like to receive further information about events at our School via email / our newsletter, to keep up-to-date prior to your child's start date?	YES / NO (please circle)																																

CHECKLIST

Please include all of the following documents with this form. Items listed with an asterisk need only be supplied if applicable. Incomplete applications cannot be processed.

- Copy of Birth Certificate
- £80 (£40 for additional siblings applying at the same time) non-refundable administration fee
- Educational reports from previous school / kindergarten / nursery setting / childminder *
- Early Years Foundation Stage Progress check at age 2 document
- Medical reports *
- Any reports from educational psychologists / psychiatrists / other professionals *
- Copy of EHCP / Statement of Special Needs *
- A recent photograph of the applicant child
- Confirmation that the administration fee has been paid via bank transfer

Our Bank details:

Pay: Cambridge Steiner School Project (CSSP) (Registered Charity)

Account Number: 60164569

Sort Code: 20-17-19

SWIFT BIC: BUKBGB22

IBAN: GB63BUKB20171960164569

Bank: Barclays Bank UK PLC

When making bank transfers, please use your child's full name as your reference.

Please return this application with all required paperwork to:

Katharina Woodhouse
Admissions Coordinator
Waldorf Cambridge | School and Kindergarten
Hinton Road
Fulbourn
Cambridgeshire
CB21 5DZ
admissions@waldorfcambridge.uk
Telephone: 01223 882727

Once received, the application will be considered as per our Admissions Policy.