

CONFIDENTIAL

BRISTOL STEINER SCHOOL

EARLY YEARS APPLICATION



For children aged 3 & 4 years

To be completed by parents or guardians; please complete and return this form together with the Financial Agreement form and any supporting documents, together with a non-refundable registration fee of £95. At a later stage, we will need to see your child's birth certificate, proof of ID of parents/guardians & proof of right of abode for non-EU nationals. Please note this form is for Early Years Provision only. If you wish to make an application for Statutory School Provision (ages 5 – 11), please request a separate application form.

THE CHILD

SURNAME (as on birth certificate or legal declaration):	
FORENAMES (as on birth certificate or legal declaration):	
PREFERRED NAMES:	
MALE/FEMALE:	DATE OF BIRTH:
NATIONALITY:	PLACE OF BIRTH:

PARENT/GUARDIAN No. 1 *The child's primary carer, at the address where the child normally resides*

SURNAME (as on birth certificate or legal declaration):		TITLE:
FORENAMES (as on birth certificate or legal declaration):		
PREFERRED NAMES:	PREFERRED PRONOUNS:	RELATIONSHIP TO CHILD:
ADDRESS:		HOME TEL:
DISTRICT:		MOBILE:
POSTCODE:		E-MAIL:

PARENT/GUARDIAN No. 2 *The school has a legal duty to provide both parents with information, including a parent not actively involved in schooling (subject to any court order).*

SURNAME (as on birth certificate or legal declaration):		TITLE:
FORENAMES (as on birth certificate or legal declaration):		
PREFERRED NAMES:	PREFERRED PRONOUNS:	RELATIONSHIP TO CHILD:
ADDRESS:		HOME TEL:
DISTRICT:		MOBILE:
POSTCODE:		E-MAIL:

PARENT/GUARDIAN No. 3

SURNAME <i>(as on birth certificate or legal declaration)</i> :		TITLE:
FORENAMES <i>(as on birth certificate or legal declaration)</i> :		
PREFERRED NAMES:	PREFERRED PRONOUNS:	RELATIONSHIP TO CHILD:
ADDRESS: DISTRICT: POSTCODE:		HOME TEL: MOBILE: E-MAIL:

SEPARATED PARENTS

Primary Carer, or Care Arrangements:
Are there any court orders pertaining to the child? <i>If so, we will require copies at a later stage</i>

BROTHERS & SISTERS

NAME	DATE OF BIRTH	CURRENT SCHOOL

CHILDCARE & ACTIVITIES

Have you attended a Parent & Child group at the Rowan Tree Kindergarten?	YES/NO If yes, please state the name of the group leader:	
Has your child already stayed anywhere without his/her parents?	YES/NO	
Has your child attended any other settings? E.g. childminder, crèche, nursery.	YES/NO If yes, please give contact details below and continue on a separate sheet if needed. <i>(We may contact these settings as part of our admission process)</i>	
Setting: Address: Postcode: Contact name: Tel: Email: Dates:	Setting: Address: Postcode: Contact name: Tel: Email: Dates:	Setting: Address: Postcode: Contact name: Tel: Email: Dates:
Details of any organised activities that you & your child attend:		

CHILD DEVELOPMENT

At what age did your child talk?	
At what age did your child crawl?	
At what age did your child walk?	
Please describe your child's sleeping patterns	
How does your child behave in new situations?	
Does your child take instruction from other adults?	
How does your child interact with other children?	
Can your child dress him/herself?	
Can your child use the toilet by him/herself?	

LANGUAGE

Has your child been exposed to a language at home other than English? YES/NO	Please list:
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YOUR CHILD'S NEEDS

If you answer yes to any of the questions in this section, please give further details, continuing on a separate sheet if necessary, and/or attach copies of the relevant documents to your application.

Does your child need any special access arrangements? YES/NO	Please list:
Is there any other information the school should be aware of in relation to your child's wellbeing (e.g. contact with Early Help Services, Children's Social Care)? YES/NO	Please list:
Do you have concerns about your child's development, including behaviour or emotional needs? YES/NO	Please list:
Does your child have any current or chronic medical conditions? YES/NO	Please list:

Does your child have any food or other allergies? YES/NO	Please list:
Is your child taking any ongoing medication?	Please list:
Has your child had hearing and eye tests in the last year? YES/NO	Please list:
Please give details of any childhood & other illnesses or operations	Please list:
Is there any other medical information the school should be aware of? YES/NO	Please list:

FINALLY

<p>Please state your reasons for applying to our school and your interest in Steiner education: <i>Please continue overleaf or on a separate sheet if necessary</i></p>

I/we wish to apply for a place for my/our child at the Bristol Steiner School and declare that I/we have given full and accurate information on this application.

NB Failure to disclose information about the child on the application may jeopardise the child's place in the school. Incomplete information may delay the application process.

I/we agree to provide further information if requested as part of the admissions process. I/we understand that my/our application may be refused at any stage of the admissions process.

All Parents/Carers with Parental Responsibility to sign	Name	Date of application
Signature:		
Signature:		
Preferred start date:		

All information disclosed on this form or gathered from a current or previous school/setting, is strictly confidential and is processed in accordance with the Data Protection Act, 2018