

Application for Visiting Students

Please print clearly using **BLOCK CAPITALS**, completing all sections.

Section 1 Stu	dy r enod						
I would like to study at Edinburgh Steiner School (Please tick the relevant boxes):							
Autur	nn Term 2020 Spring Term 2021	Summer	Term 2021				
Total number	of terms (minimum one term)	Anticipate	d start date				
Continuo Du	ell a Barrana I Batalla						
	oil s Personal Details						
First Name(s)		Last Name					
Preferred Na	me 	Date of Birth Gender M F					
Address		First Language					
		Other languages(s)					
		Religion					
	Country	Pupil Email					
Section 3 Parent / Guardian Details							
Relationship to pupil		Relationship to pupil					
Title	Surname	Title	Surname				
First Name		First Name					
Occupation		Occupation					
Telephone		Telephone					
Mobile		Mobile					
Email		Email					
Resident with	pupil? YES NO Address (If different to pupil)	Resident with pupil? YES NO Address (If different to pupil)					
Section 4 Current School							
Current Scho			Current Class				
Name of Clas			Canoni Class				
School Telephone							
School Email							

Section 5 Pupil Background										
How many years have you studied English?										
Do you have any siblings?	YES	NO	If yes, what age(s)?							
What are your interests/hobbies?										
Musical instruments										
Do you like animals?										
Any other comments										
Please state any allergies or dietary problems										
Vegetarian?	YES	NO	Smoker?	YES	NO					
Section 6 Parent / Guardian Consent										
Logranta (incert avail nome) attaching at Ediphyreb Ctair an Oak ad										
I agree to (insert pupil name) studying at Edinburgh Steiner School (insert study period) term/s.										
(ilisert study period) terrilys.										
I understand that in matters relating to admissions to Edinburgh Steiner School, the decision of the College of Teachers is final. I understand that my child's application may be refused at any stage of the admissions process.										
Signature			Signature							
Name			Name							
Date			Date							

Thank you for completing this form.

Please return this form to:

Karin Meys Edinburgh Steiner School 60 Spylaw Road Edinburgh EH10 5BR

T: 0131 337 3410

 $\label{lem:eq:constraint} E: karin. meys @edinburghsteinerschool. org. uk\\ www.edinburghsteinerschool. org. uk$

Data Protection Act 1998

Edinburgh Steiner School will retain and use the personal details supplied on this form or, in connection with the application strictly in accordance with the Data Protection Act 1998. This information will be used for the purposes of processing the application, record keeping and internal analysis for advertising or marketing purposes. We shall not use such information for any other purpose without first informing you and obtaining your consent to such new purpose.

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