

For office
use only:

Date received

Date application
process completed, or
date of entry to
waiting list

Agreed
Start Date



Cambridge Steiner School

Cambridge Steiner School
Hinton Road
Fulbourn
Cambridgeshire
CB21 5DZ

Telephone: 01223 88 27 27
school@cambridge-steiner-school.co.uk
www.cambridge-steiner-school.co.uk

Application for Admission Form

Please PRINT clearly, completing all sections electronically or in black or blue ink.

SECTION 1 – CHILD'S DETAILS			
First Name(s)		Preferred Name	
Surname		Date of Birth	
English Language Proficiency Level		First Language(s) (Spoken at Home)	
Class Applying For		Preferred Start Date	

SECTION 2 – PARENT/GUARDIAN CONTACT INFORMATION			
PARENT/GUARDIAN (1)			
Relationship to Child		Resident with Child?	YES / NO (Please circle)
Full Name			
Home Address			
Post Code		Telephone (Day)	
Mobile Telephone		Telephone (Eve)	
Email Address			
Occupation			
PARENT/GUARDIAN (2)			
Relationship to Child		Resident with Child?	YES / NO (Please circle)
Full Name			
Home Address			
Post Code		Telephone (Day)	
Mobile Telephone		Telephone (Eve)	
Email Address			
Occupation			

SECTION 3 – NEXT OF KIN EMERGENCY CONTACT INFORMATION			
Relationship to Child		Resident with Child?	YES / NO (Please circle)
Full Name			
Home Address		Post Code	
Telephone (Day)			
Telephone (Eve)			
Mobile Telephone			
Email Address			

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)	<ul style="list-style-type: none"> • • • • 		
Telephone		Contact Name	
Date Joined		Date Left (if applicable)	
Please sign if you give your consent for the School to contact any of the above nurseries / schools / groups to request a verbal or written report for your child.			Signature _____

SECTION 5 – OTHER CHILDREN IN THE FAMILY					
Name		D.O.B.		School	
Name		D.O.B.		School	
Name		D.O.B.		School	
Name		D.O.B.		School	
Name		D.O.B.		School	

SECTION 6 – MEDICAL HISTORY

Name of Family Doctor	
Telephone Number of Family Doctor	Telephone: 01223 88 27 27 school@cambridge-steiner-school.co.uk www.cambridge-steiner-school.co.uk
Is your child's vision normal?	YES / NO* (Please circle as appropriate)
Is your child's hearing normal?	YES / NO* (Please circle as appropriate)
Is your child's speech normal?	YES / NO* (Please circle as appropriate)

* Please give details and include any relevant medical report(s):

Please list any childhood illnesses your child has had (e.g. measles, mumps, chicken pox, etc.):	• • •
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Has your child ever had any serious illness, been hospitalised for any reason, or undergone any surgery?	YES / NO* (Please circle as appropriate)
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* Please give details and include any relevant medical report(s):

Has your child ever been diagnosed with ADD, ADHD, Aspergers, or any other special educational need?	YES / NO* (Please circle as appropriate)
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* Please give details and include any relevant medical report(s):

Does your child suffer from any allergy or acute or chronic medical condition?	YES / NO* (Please circle as appropriate)
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* Please give details and include any relevant medical report(s):

Is your child on any special diet?	YES / NO* (Please circle as appropriate)
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* Please give details and include any relevant medical report(s):

Please use this space to give further details of any health problems (past or present).

Vaccinations	Vaccination Type	Age	Contra-indications?
Please list any vaccinations your child has had:	• • • • •	• • • • •	• • • • •

Are there any areas in which you feel your child may need support? (e.g. with language skills, dyslexia, social confidence, behaviour, food, 'Gifted & Talented', or anything else that might be helpful to know)

SECTION 7 – OTHER INFORMATION

How did you hear about the School?
(please tick)

- | | <i>Where?</i> | <i>When?</i> |
|--|--------------------------------|--------------|
| • 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"/> _____ | _____ |

Have you attended an Open Morning?

YES / NO Who attended? _____

Have you attended any other School event(s)?

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)*

Is there anything else about your child or your family that you would like the School to know?

SECTION 8 – CHECKLISTS

Please check and tick to confirm that you have completed the following parts of the application form before returning it to the School:

- Consent to contact previous school(s)
- Signatures of **all** legal guardians
- All relevant medical information
- All contact details of parents/guardians
- All other sections **in full**

Please tick to confirm that you have enclosed all the necessary documents. Items listed with an asterisk * need only be supplied if applicable:

- Medical Reports*
- School Reports*
- Copy of Birth Certificate
- Administration Fee (£45)

SECTION 9 – SIGNATURES

I/We understand that, in any matters relating to admission at Cambridge Steiner School, the decision of the School is final. I/We enclose the documents checked above and confirm that I/We have read and understood the Admissions Procedure. I/We have read and understood the School's Financial Information Sheet included overleaf, and agree to pay all fees due on time.

(If you would like to receive a copy of the School's Admissions Policy, SEN (Special Educational Needs) Policy, or any other policy, please see our website at www.cambridge-steiner-school.co.uk or contact our Administrator.)

PARENT / GUARDIAN (1)

Signed:

Print Name:

Date:

PARENT / GUARDIAN (2)

Signed:

Print Name:

Date:

THIS APPLICATION FORM MUST BE SIGNED BY ALL LEGAL GUARDIANS OF THE CHILD.

FEES AND FINANCIAL INFORMATION

Cambridge Steiner School is an independent school that relies solely on parental input and contributions (financial and otherwise) for its financial and environmental well-being. We aspire to be able to offer the best Steiner/Waldorf education that we can within the resources available, and the provision of those resources is a community responsibility.

Annual Fees for 2009-2010:

Kindergarten	Fees (£)	Class	Fees (£)
Little Kindergarten (2 mornings)	£1500	Class 1	£4500
Little Kindergarten (3 mornings)	£2000	Class 2/3	£4750
Kindergarten (3 mornings)*	£2500	Class 4/5	£5000
Kindergarten (4 mornings)*	£3000	*See below for information on Early Years funding	
Kindergarten (5 mornings)*	£3500		

**Fees are payable in full at the start of each academic year, or termly in advance.
You may pay by cheque, cash, Standing Order, bank transfer or Childcare Vouchers.**

Deposits to Secure Application:

Item	£
Administration Fee (<i>Non-Refundable</i>)	£45 (<i>with application form</i>)
Deposit (<i>Refundable on withdrawal from School*</i>) <small>*Unless there are any fees / expenses outstanding.</small>	£500 (<i>on receipt of admittance letter</i>)

Additional Fees:

Item	£
Materials (<i>applicable to all children</i>)	£150 per year (<i>will be added to your invoice</i>)
Bluebells After-School Sessions (1pm – 3.30pm) <i>Payable directly to the Administrator</i>	£10 per session (<i>booked half-termly in advance</i>) £15 per session (<i>booked at short notice</i>)
Woodland Kindergarten Fee <i>This is to cover extra costs in the forest, and may be revised</i>	£3.50 per session in the forest (x 35 school weeks) <i>(This cost will be added to your invoice)</i>
Admin Charges for late payment reminder letters	£10 for each letter sent (maximum of one per month)

Interest on unpaid fees will accumulate at 5% over the Bank of England interest rate from the first week of the first term for which fees have not been paid in advance. Some items, such as trips and personal educational items (e.g. recorders), will be charged separately as required.

***Early Years Funding:** Children between the ages of three and five are usually entitled to some Early Years funding towards fees in the form of a government grant calculated by the Local Education Authority and received by the School, the amount of which is then deducted from your total invoice. The funding is allocated to children from the start of the first term after they turn three, until the end of the term during which they turn five. Please see our website for details of the allowances currently available. The final decision on the amount will rest with the LEA.

Sibling discounts: These are available for children enrolled in the Lower School (*not* Kindergartens), at the rate of 20% for second children and 50% for a third child and all subsequent children enrolling in the Lower School.

Bursaries: A Bursary Application Form is available on request for families who are unable to pay the fees in full.

Notice: Acceptance into any class or Kindergarten constitutes acceptance into the School up until your child reaches the end of the final year we provide for (currently Class 5), and progression through the School (following the completion of the trial period of one term) is automatic. Voluntary withdrawal of a child after formal acceptance has been confirmed and the contract is signed is subject to a full term's notice or a full term's fees in lieu of notice being payable. This is the case whether withdrawal should take place mid-term or at the end of an academic year.

All fees are reviewed annually and therefore financial agreements are renewed or replaced on an annual basis.