



Early Years Fee Entitlement Standalone Place Admissions Slip

Childs Name: _____

Childs Date of Birth: _____

Parent/Carers Name: _____

Parent/Carers Address: _____

Parent/Carers Tel: _____

Parent/Carers Email: _____

Please tick the boxes that apply to your Application:

- I would like to apply for EYFS 15 Hours Standalone Place
- I would like to apply for EYFS 30 Hours Standalone Place

Please tick the boxes that apply to your child:

- A pupil/child that is a Looked After Child in the care of the Local Authority
- A pupil/child that is in receipt of an Educational Health Care Plan (EHCP)
- A pupil/child with an assessed Special Education Need or Disability
- A pupil/child in attendance to an Early Years Setting
- A pupil/child of staff coming to or already working in the school
- An applicant to an Early Years Setting
- To the siblings of existing pupils attending the school
- To the children of past pupils of Brighton Steiner School
- To children from other Steiner schools

Parent/Carers Signature: _____

Date of Application: _____

Please return this form to the attention of School Admissions
admissions@brightonsteinerschool.org.uk or via School Reception

Office Use

Date Application Received _____

Date Application Reviewed _____

Application Score _____

Applicant Notified _____

Staff Member _____