



Visiting Pupil Network **APPLICATION FORM**

Please make sure you complete this form in full. We cannot accept incomplete application forms and they will be returned which will delay the Admissions Procedure. In the event of the application being unsuccessful on either educational or financial grounds, the application fee is not refundable.

Please attach a photo of your child.

Date of Application

Expected Starting Date

Child's Full Name

Date of Birth **Male/Female**

Details of Parents or Guardians:

Names

Address

.....
.....
.....
.....

Telephone (Home 1) **Mobile**

Occupation or Business:

Mother: **Father:**

Address: **Address:**

.....
.....

Telephone **Telephone**



Fax

Fax

Email

Email

Family Details:

Child's place in the family (including siblings)

.....
.....

How many hours of television are viewed daily/on weekends (including video and computer games?)

.....

Outside activities (hobbies, sports, etc.)

.....
.....

Does your child play a musical instrument?

.....

Foreign Languages: has your child studied English and to what level?

.....

ADDITIONAL INFORMATION:

Infancy, Early Childhood and Health:

Please state which of the following the applicant has had with a brief description

Illnesses: measles / mumps / chicken pox / whooping cough / German measles /

Other

Ear infections:

Vaccinations:



Tetanus:

Particular health problems: asthma/allergies:

.....
.....

Injuries:

History of Hospitalisation:

.....
.....

Has your child had a hearing/eye test within the last year? If so, what was the result?

.....

Is your child currently receiving medical attention which requires a particular treatment?

.....
.....
.....

Schools previously attended

Please state at what age and for how long, starting with the most recent.

.....
.....
.....
.....
.....
.....

Please attach the most current school report. If not in English, German or French please have it translated before sending.



Your child's present school may be contacted prior to interview/enrolment. Please state here if you do not wish us to do so.

Yes No

Does your child have any Special Educational Needs?

.....
.....

Has your child ever been referred to a child/educational psychologist?

.....

Please give details and attach reports

.....
.....

Enquiry Information

How did you hear about our school?

.....
.....

Why are you applying to this school?

.....

I confirm that the above information is correct and complete:

.....

Signature of Parent(s) or Guardian

When we have received this application, together with £60 non-refundable application fee and reports we will contact you.

Checklist - have you enclosed:

- ☐ Photo
- ☐ Current school reports
- ☐ Child / Educational Psychologist Reports
- ☐ Application fee



As part of the application process we ask parents to write a short biography of their child; including developmental and any health history not covered in the Health section of this form; and any unusual circumstances in the family history. (Please continue on a separate sheet if necessary).

Biographical Information



Visiting Pupil Network Application Request

Please give below a brief summary of your reasons for approaching the school, the intended length of your child's enrolment into the school, and your general expectations on what your child will derive from their educational experience at the Brighton Steiner School. Thank you for your attention to the details on this application form.