

**APPLICATION FOR ADMISSION**

*Please note one form needs to be completed per child. For Kindergarten Admissions, please ensure you complete the Supplemental Questionnaire at the end of this form (Section 8).***Section 1 – Childs Details**

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| Child’s Full Name |  |
| Date of Birth |  |
| Gender |  |
| Home Address |  |
| Post Code |  |
| Nationality |  |
| What is the main language used in your child’s home |  |
| Is your child bilingual? If yes, what other language(s) do they speak? |  |

**Section 2 – Family Details**

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| --- | --- |
| **Parent/Guardian 1** | |
| Full Name |  |
| Email |  |
| Relationship to Child |  |
| Home Address (if different to above) including Postcode |  |
| Home Phone Number |  |
| Work Number |  |
| Mobile Number |  |
| Occupation |  |
| **Parent/Guardian 2** | |
| Full Name |  |
| Email |  |
| Relationship to Child |  |
| Home Address (if different to above) including Postcode |  |
| Home Phone Number |  |
| Work Number |  |
| Mobile Number |  |
| Occupation |  |

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| **Emergency Contact** | |
| Family/Friend the school can contact in case parent(s) are unavailable |  |

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| **Other children in the family** | | |
| Full Name | Date of Birth | School Attending |
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**Section 3 – More About Your Child**

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| General health of the child. Please give details of any special health problems, past or present. Please include any details of allergies |  |
| If your child is currently receiving medical treatment/medication, please give details. |  |
| Any other information / events you feel we should know about your child. Please also include any referrals for child guidance, psychologist, with the date and clinic, and list any special educational, developmental, or behavioural concerns. It is in your interest and that of your child to provide comprehensive information. |  |
| Is there any specific learning, behavioural or social challenges that you would like to see your child overcoming? |  |
| What are your reasons for wanting your child to attend Drumduan School? |  |
| Your child’s screen time per day: (Please measure by hour) | Computer:  TV:  Phone: |

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| How did you hear about Drumduan School? (Website, magazine, newspaper, etc) |  |
| How much do you know about Steiner Education? |  |

**Section 4 - Previous Schools**Please provide the name, address and dates of current and previous schools (or nurseries if applying for kindergarten) that your child attended:

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| **School(s) Attended** | **Address** | **From and To Dates** |
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**Section 5 - Additional Information about proposed start dates**

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| When would you like your child to start at Drumduan School? |  |
| When would you like your child to experience ‘taster days?’ |  |
| If applying for Kindergarten, how many days would you like your child to attend? Kindergarten runs every morning from 8:30am-1.00pm? |  |

**Section 6 – *Signature of one or both parents/guardians is required***

I agree that you may contact my child’s current / previous school to obtain the fullest picture of my child.   
  
I/we understand that in matters relating to any admission to Drumduan School the decision of the staff is final.

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| **Parent/Guardian 1** | | |
| **SIGNED** |  | |
| **DATE** |  | |
| **Parent/Guardian 2** | |
| **SIGNED** |  |
| **DATE** |  |
| Any other comments you wish to make? |  | |

**Section 7 - Application Fee**Please return the completed form along with the **£50 application fee**. If the child is applying for a Moray Council funded place in Kindergarten, the £50 application fee is waived. For any additional applications, the application fee reduces to £25, as long as the children are starting at the same time. Payments are preferred via Bank Transfer, please use your child’s first name when making the transfer, details found below:

Name of Bank: **Bank of Scotland**

Sort Code: **80-06-81**

Account Name: **Drumduan School Limited**   
Account Number: **00594620**

IBAN: **GB87BOFS80068100594620** *(International banking account number)*

BIC: **BOFSGB21290** *(Bank Identifier Code)*

**Section 8 – Supplemental Kindergarten Questionnaire**Please complete this section if your child is applying to Kindergarten.

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| **Family Situation** | |
| Who does the child live with? |  |
| Contact with absent parent? |  |
| Relationship with step-parent/siblings |  |
| Does the extended family play a role in the child’s life? |  |

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| **Medical/Health** | |
| Has your child had any problems with their vision? |  |
| Has your child had any problems with their hearing? |  |
| Developmental difficulties or disabilities and current treatment or therapy if any |  |

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| **Diet** | |
| Vegetarian/vegan/meat |  |
| Dietary restrictions? |  |
| How are mealtimes?  (e.g. fussy eater, large/small appetite, family mealtimes) |  |

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| **Birth History and Infancy** | |
| Has the child been regularly left with anybody other than parents?  If so, how was the  experience? Do you anticipate any problems with separation? |  |
| Pregnancy Experience (Well/Not, Scans, Drugs, Sickness) |  |
| Health immediately after birth  In hospital/at home | Mother:  Child: |
| Did your child crawl?  When did they walk? |  |
| Speech: When did it occur? Sentence, “I” | 1st Word:  Sentence: “I” |
| How was teething and when? | 1st:  2nd: |
| Sleeping habits as baby:  (Where? How does the child fall asleep? How does the child wake up?  Length of sleep)  Sleeping habits now:  (Light/Deep, Wakes/Sleeps Early/Late) | Baby:  Now: |
| Toilet trained and when | Day - Age:  Night - Age: |

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| **Home Life** | |
| Any cultural/religious values that you would like to share? |  |
| First language  Bilingual? |  |
| House moves/ lived abroad since the child was born |  |
| Are foreign holidays a regular part of family life? (Holidays taken in term-time are not encouraged for children aged 5+) |  |
| Is the family used to a busy lifestyle?   (e.g. trips, activities, visitors etc.) |  |
| Is there order/routine? (e.g. mealtimes, bedtime) |  |
| Is your child able to dress/undress themselves? |  |
| What does the child like to do at home? |  |
| Access to media (TV, DVD, radio, CD, computer) How much? |  |
| Any taught activities out of school? |  |
| Has your child experienced any traumas? |  |
| How do you cope with tantrums/discipline? Can we learn anything about how to handle situations with your child? |  |
| Does your child have a tendency to wander? |  |

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| **Previous Experience** | |
| Previous nurseries/childminders/school |  |
| Any issues identified in previous school/setting? |  |
| Has your child received any special educational needs input? |  |
| Any family history that may have a bearing on education (e.g. dyslexia) |  |
| Anything else to share about your child? |  |