

HOLYWOOD STEINER SCHOOL

Engage. Enthuse. Inspire.

Please note — this form can be downloaded, filled on screen using Adobe Acrobat Reader (or similar), then returned to the school by email using info@holywood-steiner.co.uk.

Please ensure your form has saved correctly before returning.

Alternatively the form can be printed and filled manually before returning to the school at:
34 Croft Road, Holywood, Co Down, BT18 0PR

APPLICATION FOR ADMISSION 2023-2024

PUPIL DETAILS

SURNAME / FAMILY NAME	<input type="text"/>												
FIRST NAME / OTHER NAMES	<input type="text"/>												
NAME CHILD IS KNOWN AS	<input type="text"/>												
DATE OF BIRTH (DD/MM/YYYY)	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	GENDER		
											M	F	OTHER
PREFERRED START DATE	<input type="text"/>												
APPLICATION DATE	<input type="text"/>												

PARENT / CARER DETAILS

FULL NAME	<input type="text"/>											
ADDRESS	<input type="text"/>											
	<input type="text"/>											
POSTCODE	<input type="text"/>											
EMAIL	<input type="text"/>											
HOME TELEPHONE	<input type="text"/>											
WORK TELEPHONE	<input type="text"/>											
MOBILE	<input type="text"/>											

Please note — all correspondence and invoices will be sent by email – If you do not have email then please contact the school office for an alternative means of contact.



PARENT / CARER DETAILS

FULL NAME

ADDRESS

POSTCODE

EMAIL

HOME TELEPHONE

WORK TELEPHONE

MOBILE

NAME AND ADDRESS OF OTHER WITH PARENTAL RESPONSIBILITY

FULL NAME

ADDRESS

POSTCODE

EMAIL

HOME TELEPHONE

WORK TELEPHONE

MOBILE

NAME AND ADDRESS OF OTHER WITH PARENTAL RESPONSIBILITY

FULL NAME

ADDRESS

POSTCODE

EMAIL

HOME TELEPHONE

WORK TELEPHONE

MOBILE

NAMES OF OTHER CHILDREN IN FAMILY AND DATES OF BIRTH

FULL NAME

DATE OF BIRTH (DD/MM/YYYY)

GENDER

M

F

OTHER

FULL NAME

DATE OF BIRTH (DD/MM/YYYY)

GENDER

M

F

OTHER

FULL NAME

DATE OF BIRTH (DD/MM/YYYY)

GENDER

M

F

OTHER

FULL NAME

DATE OF BIRTH (DD/MM/YYYY)

GENDER

M

F

OTHER

SCHOOLS PREVIOUSLY ATTENDED WITH DATES (most recent first)

SCHOOL

DATE FROM

DATE TO

SCHOOL

DATE FROM

DATE TO

SCHOOL

DATE FROM

DATE TO

SCHOOL

DATE FROM

DATE TO

WHAT ARE YOUR REASONS FOR APPLYING TO HOLLYWOOD STEINER SCHOOL?

HOW DID YOU HEAR ABOUT OUR SCHOOL?



DOES YOUR CHILD HAVE ANY SPECIAL EDUCATIONAL NEEDS?

YES NO

If yes please give details

HAS YOUR CHILD BEEN GIVEN A STATEMENT OF SPECIAL EDUCATIONAL NEEDS? If yes please include a copy

YES NO

IS YOUR CHILD RECEIVING MEDICAL TREATMENT REQUIRING PARTICULAR MEDICATION, SPECIAL DIET OR ANY PAST MEDICAL HISTORY THAT WE SHOULD BE AWARE OF?

Please provide any medical history including allergy's, dietary requirements etc

HAS YOU CHILD EVER BEEN REFERRED TO A CHILD PSYCHIATRIST OR AN EDUCATIONAL PSYCHOLOGIST?

YES NO

If yes please give details

NAME OF GP/PRACTICE

ADDRESS

CONTACT TELEPHONE



EMERGENCY CONTACT DETAILS

CONTACT 1 NAME

CONTACT 1 TELEPHONE

CONTACT 2 NAME

CONTACT 2 TELEPHONE

CONTACT 3 NAME

CONTACT 3 TELEPHONE

CONTACT 4 NAME

CONTACT 4 TELEPHONE

I CONFIRM THAT ALL INFORMATION GIVEN ABOVE IS CORRECT

SIGNED

DATE

If you are filling this form electronically, please sign by including an image of your written signature or simply type your full name in the signature areas above.

Preferred means of contact during the application process.

By completing this application form and submitting it electronically, you agree to the terms and conditions herein.

EMAIL

HARD COPY BY POST / IN OFFICE

Please complete and return application in addition to your child's last three school reports

ASSISTED PLACE SCHEME IS CURRENTLY FULL – WE CANNOT ACCEPT NEW APPLICATIONS PRESENTLY

Hollywood Steiner School endeavours to support families on a low income. Households with a combined income of less than £28,000 may be eligible for an assisted place.

If you would like an application form, please request one from the office info@hollywood-steiner.co.uk / 028 9142 8029.



FOR OFFICE USE ONLY

	DATE	COMMENT/OUTCOME
APPLICATION RECEIVED BY OFFICE		
RECEIVED BY RELEVANT TEACHERS		
INTERVIEW 1 (PARENT/GUARDIAN)		
INTERVIEW 2 (PROSPECTIVE PUPIL)		
OUTCOME OF ADMISSIONS TEAM CONSIDERATION		
ENROLMENT		
ASSISTED PLACE FINANCIAL MEETING IF REQUIRED		
FORMAL ACCEPTANCE		
CLASS ENTERED		
CLASS ENTRY DATE		