

NORWICH STEINER SCHOOL & KINDERGARTEN

Hospital Lane, Norwich, NR1 2HW, 01603 611175

APPLICATION FORM FOR UPPER SCHOOL – VISITING STUDENTS

Please make sure you have read and understood our “Visiting Students in Upper School” Policy before completing and submitting this form. Once a place is offered a non-refundable administration fee for £50 becomes payable. School and accommodation fees must be paid up-front and in full before a pupil arrives in the UK. If you require an exception to this condition, please ensure this is requested at the time of applying and before you organise travel arrangements, as the school reserves the right to withdraw the offer of a place if funds are not in the school bank account in advance of any visit.

It is our policy for visiting students that if they wish to return home early, we will refund school or accommodation fees for any full weeks that have been paid for but not used.

The school bank details for the international transfer of funds are:

Address of bank: Co-operative Bank Plc, Business Direct, PO Box 250, Skelmersdale, WN8 6WT, UK
 IBAN - GB93CPBK08929965141988
 Swift code - CPBKGB22

Details of the child to be admitted

Child’s Full Name.....


Date of birth.....Male/Female.....Nationality.....

Date of Application.....

Requested dates of visit: From: To:

Details of the people who have legal responsibility for this child, parents and guardians

The Education Act 1996 defines a parent to include all the natural parents, whether married or not, as well as a person: a) who is not a parent but who has parental responsibility, or b) who has care of the child. If living separately please indicate with whom the child generally resides and who will be responsible for payment of fees. Please list all persons with legal responsibility.

| | PARENT/GUARDIAN (e.g. mother) | PARENT/GUARDIAN (e.g. father) | PARENT/GUARDIAN (e.g. step-parent) |
|---|----------------------------------|----------------------------------|---------------------------------------|
| Name | | | |
| Relationship to your child | | | |
| Home address | | | |
|  Daytime | | | |

| Continued from above | PARENT/GUARDIAN (e.g. mother) | PARENT/GUARDIAN (e.g. father) | PARENT/GUARDIAN (e.g. step-parent) |
|----------------------|----------------------------------|----------------------------------|---------------------------------------|
| ☎ Evening | | | |
| ☎ Mobile | | | |
| e-mail address | | | |

Parental Rights with respect to the Child’s Education

In accordance with the Education Act 1996 and the Childrens Act 1989 those persons who are legal parents but do not live with the child still have a right to participate in decisions about a child’s education. This includes receiving information from the School such as reports. We have to inform you that when you receive such information from the School you should also pass it on to any other parent for whom we may not have contact details.

If a person with parental rights contacts the School and requests such information we are legally required to provide it after confirming identity and parental responsibility. To help us assess our response to any such situation we require the following information.

Please give details of any current Court Orders and Awards of Parental Responsibility concerning this child. These would include any Orders concerning access and contact.

Educational history

Schools previously attended, with dates (starting with the most recent) & provide copies of recent school reports.

Medical information

| | |
|---------------------------------|--|
| Name of doctor | |
| Surgery Address | |
| Contact details for emergencies | |

Give full details to the questions below, use a separate sheet of paper if necessary.

Please list the vaccinations with dates that your child has received.

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In the instance of your child requiring Emergency Medical Advice or Treatment, please state below that you give permission for such treatment should the need arise. (Obviously we would inform you urgently if any such situation arose.)

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Does your child use an inhaler? If so please state type of medication and frequency taken. Yes/No
Also state agreed procedure if an asthma type of attack occurs.

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Is your child currently receiving medical treatment that includes any particular medication such as asthma, diabetes, epilepsy, or a condition that requires a special diet? Please give details and state agreed procedure if a problem occurs with condition. Yes/No.

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Does your child have any other long term medical condition, please give information on any condition, and any medicine that your child has to take for any condition. We will ask you to complete a medical form to ascertain further details.

Yes/No.

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Does your child suffer from any allergies? Please include whether your child is allergic to plasters, and full details of any food allergies or intolerances, and known reactions to insect stings or bites. Please state agreed procedure if your child suffers a reaction to any such substances.

Yes/No

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Please give any special dietary requirements your child may have below.

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Does your child have any Special Educational Needs?

Yes/No

If yes, please give details, using a separate sheet if necessary.

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Does your child have any other physical, emotional or behavioural or other needs that we need to know about? Yes/No If yes, please detail below & continue on a separate sheet if necessary.

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Please tell us about the character of your child, including hobbies and likes or dislikes, or anything else that you think we should know in order to support their stay at this school.

How did you hear about our school?.....

The information given on this form will be held by the charitable company *Norfolk Initiative Steiner School*. Apart from using this information for statutory returns and for research purposes, all information will be held in the strictest confidence under the requirements of the Data Protection Act 1998.

I note the above statement and believe the information provided in this form to be correct as of this date. I will inform the school of any changes that may occur whilst my child attends the school.

In completing and submitting this application, I/we confirm that I/we:

- Have read the policy for visiting students to the upper school YES/NO
- Accept that this forms part of a contract between me/us as parent(s) and the school. YES/NO
- Will pay the full fees in advance of my child coming to the school YES/NO

Signed

Signed

Date

CLASS TRIP PARENTAL CONSENT FORM FOR ACADEMIC YEAR 2013/2014

Throughout the school year there will be a number of official class and school trips relating to the curriculum or as part of the celebration of festivals.

Please fill in this form (one per child) and return it electronically or hard copy to the Upper School Administrator, to enable your child to take part in all trips organised by the school for this academic year.

PUPIL'S NAME:..... CLASS:.....

I Understand and agree:

- That the school staff and helpers will take all reasonable care of the pupils and will carry out all necessary risk assessments. I hereby authorise staff to make any reasonable arrangement for my child during the course of any school trip. I accept that staff cannot necessarily be held responsible for any loss, damage or injury during or arising from any activity.
- That each child is responsible for his/her belongings during the course of any school trip.
- To pay before the commencement of any trip, all agreed expenses.
- That, in the event of illness or injury to my child, any of the accompanying adults may authorise medical treatment deemed necessary by a qualified medical practitioner, including anaesthetic or blood transfusions. The school will always endeavour to contact me first before any medical treatment is undertaken, but that this may not always be possible.
- To pay any costs or expenses that may arise from damage to property caused by my child and, in the event of continual and unacceptable behaviour by my child, any costs incurred in returning my child to the school or home.
- I understand that the school will contact me to advise on any special risks attached to any class trips beforehand and that it will be my responsibility to ensure I check emails daily and respond within 24 hours of any request for permission.
- Please consider delegating the responsibility of providing or withholding permission for class trips to the host family. The host family will understand the local area and any risks associated. The form 'Offsite Consent Form (upper school)' is attached.
- I have detailed below any special medical or dietary requirements for my child.
- I consent to my child travelling on public transport and private transport with the use of seat belts where provided.

MEDICAL INFORMATION (including allergies and tetanus status):

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DIETARY INFORMATION.....

PARENTS NAME(S)

EMERGENCY PHONE NUMBER (S).....

PARENT/CARER SIGNATURE.....

DATE.....

CLASS TRIP CONSENT FORM

FORM FOR DELEGATING RESPONSIBILITY TO HOST PARENTS

I understand that Norwich Steiner School may wish to take upper school pupils on educational visits. Department for Education in England require schools to carry out risk assessments for off-site visits and activities and to obtain parental consent for these visit.

We suggest that you may wish to delegate responsibility for providing consent for such educational visits as that may arise during your son/daughters visit to our school, to the Host family parents. This is to ensure a timely response to the schools request, which may come at short notice, and also because the Host Family Parents may better be able to assess the risk due to their more local knowledge.

Should you wish to delegate the responsibilities as outlined above, please sign below.

I hereby give my permission for the School to contact the Host Family Parents for all necessary offsite consent.

NAME OF PUPIL.....

NAME OF PARENT/CARER.....

SIGNATURE OF PARENT/CARER.....

DATE OF SIGNATURE.....

Please return the completed application and consent forms to:

**Norwich Steiner School
Hospital Lane
Lakenham
Norwich
NR1 2HW**

Or by email to sandie@norwichsteinerschool.co.uk