



# Application for Admission

Please complete in black capital letters

**Name of child**

**Date of birth**  **Gender:** Male  Female

Name of parent/guardian (1)  Relationship to child

Name of parent/guardian (2)  Relationship to child

**Contact details**

Parent/guardian (1) telephone number (daytime)  (evening)

Mobile number

e-mail address

Occupation

Parent/guardian (2) telephone number (daytime)  (evening)

Mobile number

e-mail address

Occupation

**Applicant's address**

  
  
  

**When would you like your child to start?**

**Which days are suitable for you to attend an interview?**

**We charge an Application Fee of £50.00. Please enclose your cheque, made payable to The Edinburgh Rudolf Steiner School Trust. Application Fees are paid into our Bursary Fund and are non-refundable.**





I understand that in matters relating to admissions to The Edinburgh Rudolf Steiner School, the decision of The College of Teachers is final.

**Signature of both parents/guardians are required**

Signed  Date

Signed  Date

**It is helpful for us to know how you first heard about the school. Can you tell us if this was:**

From a parent or pupil of the school?

From an old scholar?

From a newspaper article?  Which newspaper

From a newspaper advert?  Which newspaper

Other? Please specify

  
  
  

**Thank you for completing this questionnaire.**

**Please return this form to:  
The Edinburgh Rudolf Steiner School, 60 Spylaw Road, Edinburgh EH10 5BR  
Tel: 0131 337 3410 Fax: 0131 538 6066 e-mail: [erss.admissions@steinerweb.org.uk](mailto:erss.admissions@steinerweb.org.uk)**



[www.steinerweb.org.uk](http://www.steinerweb.org.uk)