



# Alder Bridge Steiner-Waldorf School

## Application Form

### Pupil

Full Name \_\_\_\_\_  
Date of birth \_\_\_\_\_  
Address \_\_\_\_\_  
(including postcode) \_\_\_\_\_

Male  Female

Proposed date of entry (month / year) \_\_\_\_\_ / \_\_\_\_\_

If applying for a place in Kindergarten please circle the number of mornings required initially: 3 / 4 / 5

### Current School (if relevant)

Name of School \_\_\_\_\_  
Name of Headteacher \_\_\_\_\_  
Address (including postcode) \_\_\_\_\_  
Telephone number \_\_\_\_\_

### Parent/ Legal Guardian

### Parent/ Legal Guardian

Surname and Title	_____	_____
First names (in full)	_____	_____
Address (if different from above)	_____	_____
Telephone / Mobile	_____	_____
Email	_____	_____
Occupation	_____	_____
Relationship to pupil	_____	_____

### Others with parental responsibility

Please provide details of any other individual with parental responsibility for your child. This does not include an education guardian. The School will require all those with parental responsibility to sign the Acceptance Form should an offer of a place be made.

Full name (including title) \_\_\_\_\_  
Address (if different from above) \_\_\_\_\_  
Telephone \_\_\_\_\_  
Email \_\_\_\_\_  
Occupation \_\_\_\_\_

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**Alder Bridge School, Bridge House, Mill Lane, Aldermaston Wharf, Padworth, Berks. RG7 4JU**  
**Tel: 0118 971 4471 Fax: 07092 042631 Email: [info@alderbridge.org.uk](mailto:info@alderbridge.org.uk)**  
**Web: [alderbridge.org.uk](http://alderbridge.org.uk)**

## Special Circumstances

Please provide us with details of any special circumstances relating to your child (this includes details of your child's health, disability or special educational needs or other circumstances). The School requires this information so that we can consider what reasonable adjustments, if any, we can make in order to accommodate your child.

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## Other

Please give reasons for wanting a Steiner-Waldorf education for your child.

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How did you hear about the School?

- Reputation    Advertisement    Friends    Current School  
 Other (please specify) \_\_\_\_\_

## Declaration

I/we declare that:

- I/We acknowledge that this Application Form does not constitute an offer of a place at the School
- No other person's signature is required to register my/our interest of a place at the School for my/our child
- I/We give consent to the School processing personal data for the purpose of administrating its list of prospective pupils (including seeking references from my child's previous educational establishment and confirmation that all fees have been paid).
- I/We will immediately inform the School if any details provided in this Application Form change.

Signed

Name (in print)

Relationship to pupil

Date

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Signed

Name (in print)

Relationship to pupil

Date

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Please send the completed form together with the non-refundable application fee of £50.00 to:

Admissions Co-ordinator  
Alder Bridge School  
Bridge House  
Mill Lane  
Padworth  
Reading  
Berkshire, RG7 4JU

Cheques to be made payable to Alder Bridge Association.

Alternatively please arrange a bank transfer with the word "Application" as a reference (if possible) to:

Alder Bridge Association  
Sort Code: 40-44-56  
Account No.: 31191136