



Student's name

Please use
CAPITAL LETTERS

.....
First name

.....
Surname
(Family name)

Hood Manor, Dartington, Devon, TQ9 6AB UK
Tel: 0044 1803 897377
Fax: 0044 1803 897518
Email: visit@steiner-south-devon.org

ENROLMENT FOR VISITING STUDENT PROGRAMME 2015/16

for Class 8 , 9 or 10

Please tick which term(s) you would like to come to our school

Autumn term 2015 (05.09.15 – 17.12.15) Spring term 2016 (05.01.16 – 25.03.16) Summer term 2016 (09.04.16– 09.07.16)

Please attach
2 passport-sized
photographs

About you

Date of Birth:	/ /	Place of Birth:		Sex	M / F
Address:					
Name, address and telephone number of your family doctor:					
Your email address (if you have one, but not your parents' email)					
Name and address of your school:					
Class:		Name of teacher or sponsor:			
Religion:		Is it important to you to be able to attend religious services?	Yes / No		
Which language(s) do you speak at home?					

Contact details for your Parents

	Parent 1	Parent 2
Name:		
Home telephone:		
Work telephone:		
Mobile telephone:		
Email address:		
Religion:		
Occupation:		
Address (if different from student):		

Useful Information (for teachers and to help us find a suitable host family for you):

How many years have you studied English?		Which other foreign languages do you learn at school?						
Have you been to England before?	Yes/No	For how long and where?						
Who lives in your own family?	Mother?	Yes / No	Father?	Yes / No	Stepmother?	Yes / No	Stepfather?	Yes / No
	Brothers?	Yes / No	Ages?					
	Sisters?	Yes / No	Ages?					
	Other?							
What do you do in your free time?								
Which musical instrument(s) do you play?								
What preferences do you have for your host family? (Please delete any you would not be happy with – we will try to respect these when choosing a family for you) Vegetarians? Non-vegetarians? Young children? Older children? Smokers? Non-smokers? Dogs? Cats? Other animals? Any other comments								
Are you a vegetarian?	Yes / No		Do you smoke? (please be honest!)			Yes / No		
Do you have a special diet?	Yes / No	Allergies?	Yes / No	Asthma?	Yes / No			
If yes to any of the above, please give further information or specify any other health needs:								

AGREEMENT BY STUDENT

- I know that I will be expected to speak English at school and in my host family. I will try my best to speak English at all times
- I accept that while I am at the South Devon Steiner School I cannot smoke, take illegal drugs or drink alcohol.
- I will not use my mobile phone or a personal music player (MP3 player or iPod) in the school grounds.
- I understand that the School reserves the right to send a student home in the case of very inappropriate behaviour. In such cases there will be no refund and return fares will be charged to my family.

Signature of the Student:

AGREEMENT BY PARENT

- I have read all the information on the website and agree to my son/daughter applying to the Visiting Student Programme at South Devon Steiner School
- I am aware that a place at the South Devon Steiner School can only be confirmed when the school has received all the documentation and the deposit.

Signature of a Parent (or Guardian).....

Please PRINT name

Please send this enrolment form (by post) to :-

Susanna Chapman, SOUTH DEVON STEINER SCHOOL, Hood Manor, Dartington, Devon, TQ9 6AB, England.

For further information or queries:

Tel: 0044 1803 897377 Monday - Friday 8.30–15.00 or

E-mail: visit@steiner-south-devon.org