



Student's name

Please use

CAPITAL LETTERS

.....
First name

.....
Surname
(Family name)

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

Please attach
2 passport-sized
photographs

ENROLMENT FOR VISITING STUDENT PROGRAMME 2019/20

for Class 8 9 10 or 11

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

Autumn Term 2019 (04.09.19 – 17.12.19) Spring Term 2020 (06.01.20 – 27.03.20) Summer Term 2020 (20.04.20 – 10.07.20)

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?								
<p>What preferences do you have for your host family? (Please delete any you would not be happy with – we will try to respect this when choosing a family for you)</p> <p>Vegetarians? Non-vegetarians? Young children? Older children? Smokers? Non-smokers? Dogs? Cats? Other animals?</p> <p>Any other comments</p>								
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:								

Please tell us why you would like to be a Visiting Student at South Devon Steiner School
 (This must be written by the student, not a parent!). Please use an additional sheet of paper if necessary.

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 am **neither allowed to possess, take or help someone else to obtain or process illegal drugs nor can I drink alcohol**. This rule applies **during school hours AS WELL AS OUTSIDE OF SCHOOL**.
- I know I **am not allowed to smoke, except by my host parents' permission**, but only outside of school hours, further than 300 metres away from the school grounds and not within their house.
I understand smoking is also not permitted on school trips/camps/outings or during school activities, even those outside of normal school hours, or during school evening events.
- I will **not look up or store inappropriate or pornographic images** on my phone or other devices I bring with me nor on the school computers.
- I must not possess **any knives, weapons or other prohibited items** such as **stolen goods, fireworks** or anything that teachers or host parents suspect is **intended to be used to cause offence, injure somebody or damage the property of any person**, including the pupil's.
- I will **not use my mobile phone or a personal music player (MP3 player or iPod)** on the school grounds.
- I understand that the school **reserves the right to send a student home in the case of inappropriate behaviour** (listed above or otherwise). In such cases, there will be no refund and return fares will be charged to my family.
- If I want to obtain **a tattoo, an ear or other body piercing** whilst being a student at the South Devon Steiner School, I will first have to **obtain written permission by my parents**.

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:

Karola Hassall, SOUTH DEVON STEINER SCHOOL, Hood Manor, Dartington, Devon, TQ9 6AB, England.

For further information or queries:

Tel: 0044 1803 897377, **extension 213**

E-mail: karola.hassall@steiner-south-devon.org (Mondays-Fridays)