



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 2020/21

For Class 8 **9** **10** **11**

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

Autumn Term 2020 Spring Term 2020 Summer Term 2020
 (02.09.20 - 15.12.20) (04.01.21 -26.03.21) (19.04.21- 9.07.21)

About you

Date of Birth:	/	Place of Birth:		M /	
	/			Sex	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 /		
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?	Yes / No						
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 this 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:								

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)