



**Kildare Steiner School**

Established 1988

Rathairgid, Gormanstown, Dunlavin, County Kildare  
www.kildaresteinerschool.ie +353 45 401919

**OFFICIAL USE ONLY**

Application receipt date:

\_\_\_\_\_

Fee paid: Yes / No

Interview

## Application for Admission to School

1) **Please enclose a non-refundable €50 administration fee for application processing costs**

2) ***Please note that the school operates a provisional 2-week trial period where the child attends the school without confirmation of a place. This allows for all parties to assess the suitability of the education for the child. Throughout the 2-week period you can expect updates and confirmation will be given at the end of this time when both parties meet to discuss. The two weeks trial period fee is €265 (€132.50 per week).***

3) ***Before attending the interview, you will need to supply a report from your child's current teacher.***

Name of child \_\_\_\_\_  
Surname First Name(s)

Date of birth \_\_\_\_\_ Sex: Male/Female

Class applied for: \_\_\_\_\_

Name of Parent 1: \_\_\_\_\_

Full postal address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_  
Home Mobile

Email \_\_\_\_\_

Occupation \_\_\_\_\_

Name of Parent 2: \_\_\_\_\_

Full postal address \_\_\_\_\_

\_\_\_\_\_



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Telephone \_\_\_\_\_  
Home \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

Occupation \_\_\_\_\_

**Who will be financially responsible for the fees?**

\_\_\_\_\_  
Name Signature Date

**Name of others(s) with parental responsibility**

\_\_\_\_\_

**Relationship with applicant**

\_\_\_\_\_

**Names and ages of brothers and sisters**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**How many hours of television would your child watch per week on average?**

\_\_\_\_\_

**Does your child play computer games such as *Playstation*, *Nintendo* or similar? If so, for how many hours per week on average?**

\_\_\_\_\_

**Any special interests such as sports, crafts, other hobbies?**

\_\_\_\_\_

**What musical instrument(s), if any, does your child play?**

\_\_\_\_\_

**What, if any, musical tuition has your child already received?**

\_\_\_\_\_

**What is your child's first language?**

\_\_\_\_\_



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**Is your child bi-lingual? If so, in what languages?**

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**What, if any, foreign languages has your child been taught and for how long?**

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**Details of any schools previously attended (*supply a report from your child's current teacher*):**

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**Name, address and contact details of present school and name of current teacher, if applicable.**

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**Does your child have any special educational needs – academic or behavioural? If so, please give details:**

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**Has your child ever been referred to a child psychiatrist, educational psychologist or paediatrician? If so, please give details:**

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**Has your child been tested recently for hearing / eyesight?**

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**Does your child have any allergies? If so, please give details, including any medical treatment required or special dietary requirements:**

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**Does your child have asthma? If so, please give details below, including any medical treatment required:**

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**Vaccinations - what, if any, did your child have?**

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**Please give details of any childhood illnesses your child has had e.g rubella, mumps, chickenpox, measles:**

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**Has your child had any serious illnesses such as meningitis, febrile convulsions, epilepsy? If so, please give details:**

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**Was your child ever hospitalized for how long? Please give details:**

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**Any accidents or operations? Please give details:**

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**Why did you choose this school for your child?**

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**What do you know of Steiner Waldorf education?**

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**How long do you expect to be in the Kildare area?** \_\_\_\_\_

**How did you hear about the Kildare Steiner School / Kindergarten?**

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## COMMENTS

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**Please email or post this application to:** [info@kildaresteinerschool.ie](mailto:info@kildaresteinerschool.ie)

Once we have received your application with the €50 administration fee we will contact you to arrange an interview. The fee may be paid directly into the school account – details as follows:

**Bank of Ireland**, Kilcullen, Co.Kildare

**Account name:** Kildare Steiner Waldorf School Ltd

**Account number:** 34409090

**Sort code:** 90-11-40

**IBAN:** IE02 BOFI 9011 4034 4090 90

**Bank Identifier Code:** BOFIE2D

**Full beneficiary address:** Kildare Steiner School, Rathargid, Gormanstown, Dunlavin, Co.Kildare