



# Friends of York Steiner School

Yes! I would be happy to become a member of the Friends of York Steiner School.

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

I am an ex-pupil ☐ parent/guardian ☐

I/my child(ren) was/were at school from \_\_\_\_\_

My/my child(ren)s class teacher was \_\_\_\_\_

Please tell us your fondest memory/memories of school

We would love to know what you have done since leaving school. If you wish, please tell us a little of what you have done and what you are now doing, in the space below.

Would you be willing to provide a photo and / or a brief biography for us to use on our website and / or in newsletters etc.? We will never publish any personal information without your express permission.

Yes, feel free to contact me ☐

No, thank you ☐

Thank you for taking the time to join us. Please return this form in the envelope provided and we will be in touch!