



# GRADE SCHOOL APPLICATION

\* Please include with your application a photocopy of your child's **birth certificate** or **passport** and a copy of their most recent school report.

Please Print Clearly

Grade: \_\_\_\_\_ Proposed entrance date \_\_\_\_\_ age at entrance \_\_\_\_\_  
Year Month Day

**Student:** Legal Name \_\_\_\_\_  
 SURNAME \_\_\_\_\_ GIVEN NAMES \_\_\_\_\_ FAMILIAR (if different) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Female \_\_\_\_\_ Male \_\_\_\_\_ Birthplace \_\_\_\_\_  
Year Month Day

Canadian Citizen \_\_\_\_\_ Landed Immigrant (enclose copy of official document) \_\_\_\_\_ Native Language \_\_\_\_\_

Citizenship / Other (specify) \_\_\_\_\_

Current School Name & Address: \_\_\_\_\_

## PARENTAL INFORMATION

**Financial Responsibility:** Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian \_\_\_\_\_ Other \_\_\_\_\_

**Mother:** Legal Name \_\_\_\_\_  
 SURNAME \_\_\_\_\_ GIVEN NAMES \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 PLEASE INCLUDE MAILING AND PHYSICAL ADDRESS IF DIFFERENT

Tel Home: \_\_\_\_\_ Cell/Pager \_\_\_\_\_ Tel Work: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Canadian Citizen \_\_\_\_\_ Landed Immigrant (enclose copy of official document) \_\_\_\_\_ Native Language \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

**MOTHER'S SIGNATURE** \_\_\_\_\_  
 I hereby declare all information on this application to be true and correct \_\_\_\_\_  
Year Mth Day

**Father:** Legal Name \_\_\_\_\_  
 SURNAME \_\_\_\_\_ GIVEN NAMES \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 PLEASE INCLUDE MAILING AND PHYSICAL ADDRESS IF DIFFERENT

Tel Home: \_\_\_\_\_ Cell/Pager \_\_\_\_\_ Tel Work: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Canadian Citizen \_\_\_\_\_ Landed Immigrant (enclose copy of official document) \_\_\_\_\_ Native Language \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

**FATHER'S SIGNATURE** \_\_\_\_\_  
 I hereby declare all information on this application to be true and correct \_\_\_\_\_  
Year Mth Day

Personal information will be used and disclosed\* in accordance with the privacy protection provisions of the Personal Information Protection Act (PIPA British Columbia).

\* This includes the publication of personal information in the Whistler Waldorf School's community phonebook and use of photos for promotional materials, school website and newsletters.

**Legal Custodial Guardian/Agent**

Home Address

PLEASE INCLUDE MAILING AND PHYSICAL ADDRESS IF DIFFERENT

Tel Home:

Cell/Pager

Tel Work:

Fax:

Email:

Canadian Citizen

Landed Immigrant (enclose copy of official document) Native Language

**SIBLING INFORMATION:**

Name:

School:

Grade:

Date of Birth

Also Applying?

Male

Female

Name:

School:

Grade:

Date of Birth

Also Applying?

Male

Female

Name:

School:

Grade:

Date of Birth

Also Applying?

Male

Female

**Doctor's Name**

Phone:

**Child's Medical Plan Health Number or** Insurance Policy Details & Toll Free Number

PROVIDER

CHILD'S IDENTIFICATION NUMBER

Phone:

Authorized Pick Up or Emergency Contact Person

Phone:

Authorized Pick Up or Emergency Contact Person

Phone:

Authorized Pick Up or Emergency Contact Person

Phone:

In case of In case of extraordinary circumstances in which transportation and/or communication may be interrupted, we need to know where or with whom your child should go.

Early Dismissal Contact Person

Phone:

Do you authorize the Whistler Waldorf School to take care of your child during an emergency if we are unable to contact you? This may include transportation to the hospital and basic first aid.

Yes

No

**Parent / Guardian Signature(s)**

SIGNATURE

SIGNATURE

**IMPORTANT:** Your application can only be processed if the information on this page is complete or special arrangements have been made with the Administration office.

For off use only: Received \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ App. Fee \$\_\_\_\_\_ To teacher \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

## PART II MEDICAL INFORMATION

Does your child have any medical conditions? Please describe together with any treatment and medications.

Please state any known allergies (food/animal/medication).

Any special fears?

Other health information:

Give a brief evaluation of your child's health.

Has your child recently had a hearing test?    Yes    No

Been diagnosed with a hearing problem?    Yes    No

History of Chronic ear infections?    Yes    No

Has your child recently had a test for vision?    Yes    No

Known vision problems?    Yes    No

Does your child wear glasses or contacts?    Yes    No

Comments:

Please check the appropriate boxes if your answer is 'yes' to any of the questions in the following three columns:

Has your child had any of the following illnesses?

Has your child had any of the following illnesses or conditions?

Has your child ever experienced any of the following?

Or ever been immunized for any of the following illnesses?

Chicken pox	ILLNESS	IMMUNIZED	YEAR	MTH
Red Measles (Rubeola)	ILLNESS	IMMUNIZED	YEAR	MTH
German Measles (Rubella)	ILLNESS	IMMUNIZED	YEAR	MTH
Mumps	ILLNESS	IMMUNIZED	YEAR	MTH
Whooping Cough	ILLNESS	IMMUNIZED	YEAR	MTH
Poliomyelitis	ILLNESS	IMMUNIZED	YEAR	MTH
Diphtheria	ILLNESS	IMMUNIZED	YEAR	MTH
Tetanus	ILLNESS	IMMUNIZED	YEAR	MTH
Haemophilus B	ILLNESS	IMMUNIZED	YEAR	MTH
Hepatitis B	ILLNESS	IMMUNIZED	YEAR	MTH

Asthma  
Hay Fever  
Scarlet Fever  
Diabetes  
Epilepsy  
Convulsions/Fits

Concussion  
Major Surgery  
Admission to Hospital

Comments:

At birth was your child ...

Is your child receiving ...

Does your child suffer from ...

Premature?	Yes	No	Medication?	Yes	No	Hyperactivity?	Yes	No
Very Small?	Yes	No	Medical Attention	Yes	No	Dyslexia?	Yes	No
Given special care	Yes	No	Psychological help?	Yes	No	Other learning Disability?	Yes	No

Comments

### PART III INFORMATION

By what name does the pupil address? Mother:

Father:

Guardian:

What languages are ordinarily spoken in the home?

What is your interest in Waldorf Education?

What is your understanding of Waldorf Education?

Why are you choosing Waldorf Education for your child?

Student's Subjects enjoyed most

Student's Subjects enjoyed least

What activities outside school (hobbies, programs etc.) does your child participate in?

Average hours of TV viewing:

Daily

Weekends

Average ours of Music/Radio:

Daily

Weekends

Average hours of Computer:

Daily

Weekends

What do you consider to be your child's strongest aptitudes and traits of character?

What are your hopes and desires for your child attending our school?

Do you have any further comments or concerns that would help us in our work with your child?  
(Include professional or therapeutic support)

**Mother:** Interests/Hobbies/Talents:

**Father:** Interests/Hobbies/Talents: