



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) _____

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 _____

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.

Legal Custodial Guardian/Agent _____

Home Address _____

PLEASE INCLUDE MAILING AND PHYSICAL ADDRESS IF DIFFERENT

Tel Home: (____) ____ - _____

Cell/Pager (____) ____ - _____

Tel Work: (____) ____ - _____

Fax: (____) ____ - _____

Email: _____

SIBLING INFORMATION:

Name: _____ School: _____

Grade: _____ Date of Birth ____ - ____ - ____ Also Applying? Male Female

Name: _____ School: _____

Grade: _____ Date of Birth ____ - ____ - ____ Also Applying? Male Female

Name: _____ School: _____

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: (____) ____ - _____

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

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.

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? Or ever been immunized for 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? |
|--|---|---|
| Chicken pox <input type="checkbox"/> <input type="checkbox"/> _____ - _____ <div style="text-align: center; font-size: small;">ILLNESS IMMUNIZED YEAR MTH</div> | <input type="checkbox"/> Asthma <div style="text-align: center; font-size: small;">IMMUNIZED YEAR MTH</div> | <input type="checkbox"/> Concussion |
| Red Measles (Rubeola) <input type="checkbox"/> <input type="checkbox"/> _____ - _____ <div style="text-align: center; font-size: small;">ILLNESS IMMUNIZED YEAR MTH</div> | <input type="checkbox"/> Hay Fever <div style="text-align: center; font-size: small;">IMMUNIZED YEAR MTH</div> | <input type="checkbox"/> Major Surgery |
| German Measles (Rubella) <input type="checkbox"/> <input type="checkbox"/> _____ - _____ <div style="text-align: center; font-size: small;">ILLNESS IMMUNIZED YEAR MTH</div> | <input type="checkbox"/> Scarlet Fever | <input type="checkbox"/> Admission to Hospital |
| Mumps <input type="checkbox"/> <input type="checkbox"/> _____ - _____ <div style="text-align: center; font-size: small;">ILLNESS IMMUNIZED YEAR MTH</div> | <input type="checkbox"/> Diabetes | |
| Whooping Cough <input type="checkbox"/> <input type="checkbox"/> _____ - _____ <div style="text-align: center; font-size: small;">ILLNESS IMMUNIZED YEAR MTH</div> | <input type="checkbox"/> Epilepsy | |
| Poliomyelitis <input type="checkbox"/> <input type="checkbox"/> _____ - _____ <div style="text-align: center; font-size: small;">ILLNESS IMMUNIZED YEAR MTH</div> | <input type="checkbox"/> Convulsions/Fits | |
| Diphtheria <input type="checkbox"/> <input type="checkbox"/> _____ - _____ <div style="text-align: center; font-size: small;">ILLNESS IMMUNIZED YEAR MTH</div> | | |
| Tetanus <input type="checkbox"/> <input type="checkbox"/> _____ - _____ <div style="text-align: center; font-size: small;">ILLNESS IMMUNIZED YEAR MTH</div> | | |
| Haemophilus B <input type="checkbox"/> <input type="checkbox"/> _____ - _____ <div style="text-align: center; font-size: small;">ILLNESS IMMUNIZED YEAR MTH</div> | | |
| Hepatitis B <input type="checkbox"/> <input type="checkbox"/> _____ - _____ <div style="text-align: center; font-size: small;">ILLNESS IMMUNIZED YEAR MTH</div> | | |

Comments: _____

| | | |
|--|---|--|
| At birth was your child ... Premature? <input type="checkbox"/> Yes <input type="checkbox"/> No | Is your child receiving ... Medication? <input type="checkbox"/> Yes <input type="checkbox"/> No | Does your child suffer from ... Hyperactivity? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|---|--|

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: _____