



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 _____

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 and video footage 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? 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 ILLNESS IMMUNIZED YEAR MTH	Asthma	Concussion
Red Measles (Rubeola) ILLNESS IMMUNIZED YEAR MTH	Hay Fever	Major Surgery
German Measles (Rubella) ILLNESS IMMUNIZED YEAR MTH	Scarlet Fever	Admission to Hospital
Mumps ILLNESS IMMUNIZED YEAR MTH	Diabetes	
Whooping Cough ILLNESS IMMUNIZED YEAR MTH	Epilepsy	
Poliomyelitis ILLNESS IMMUNIZED YEAR MTH	Convulsions/Fits	
Diphtheria ILLNESS IMMUNIZED YEAR MTH		
Tetanus ILLNESS IMMUNIZED YEAR MTH		
Haemophilus B ILLNESS IMMUNIZED YEAR MTH		
Hepatitis B ILLNESS IMMUNIZED YEAR MTH		

Conscientious Objector Yes Children not protected may be excluded from the childcare centre for the duration of a communicable disease outbreak.
 I have chosen not to immunize.

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: