



Box 1501, 7324 Kirkpatrick Way
Whistler, BC, V0N 1B0
Phone: 604 932-1885
Fax: 604 932-1876
info@whistlerwaldorf.com
www.whistlerwaldorf.com

APPLICATION FOR ADMISSION TO HIGH SCHOOL FOR INTERNATIONAL STUDENTS

I hereby make application for admission to the Whistler Waldorf School.

Student's Name: _____ Male / Female (circle one)
First Last

Student's English Name: _____ Skype ID: _____

Home Address: _____

City: _____ Country: _____ Postal Code: _____

Phone: (____) _____ email: _____

Birthplace: _____

Date of Birth (YYYY/MM/DD): _____ Citizenship: _____

PROGRAM REQUESTED

Requested entry date: _____

What grade will you be in when you arrive? _____

INFORMATION FOR SCHOOL RECORDS

Student resides with: Both parents Father Mother

Name of Mother: _____ Date of Birth: _____ (YYYY/MM/DD)

Cell Phone: () _____ email: _____

Company: _____ Occupation: _____

Name of Father: _____ Date of Birth: _____ (YYYY/MM/DD)

Cell Phone: () _____ email: _____

Company: _____ Occupation: _____

Name(s) and ages(s) of sibling(s): _____

Language(s) spoken in the home: _____

Name of present school: _____

Grade Completed: _____



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Do you authorize the Whistler Waldorf School to take care of your child during an emergency if we are unable to contact you? Yes / No

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

Please state any known allergies (food/medication): _____

Other Health Information:

Has your child been immunized? Yes / No

Does your child have a learning disability? Please describe. _____

Hyperactivity? Yes / No

Dyslexia? Yes / No

Personal information is collected in student records under the authority of the Education Act, as amended, and is used for the specific purposes for which it is gathered in accordance with the British Columbia Ministry of Education's guidelines and Whistler Waldorf School's British Columbia School Record policies and procedures.