



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

Student Information					
SURNAME:		GIVEN NAMES:			
FAMILIAR:		Date of Birth:		(YYYY/MM/DD)	
Canadian Citizen		Landed Immigrant		International Student	
Requested Grade:		Requested Entrance Date:			

Legal Guardian Information					
Legal Guardian 1					
SURNAME:		GIVEN NAMES:			
Home Address:					
Tel. Home:		Tel. Cell:		Tel. Work:	
Email:					
Employer:					
Position:					

Legal Guardian 2					
SURNAME:		GIVEN NAMES:			
Home Address:					
Tel. Home:		Tel. Cell:		Tel. Work:	
Email:					
Employer:					
Position:					

Sibling Information		
Name:		Age:
School:		Also Applying?
Name:		Age:
School:		Also Applying?
Name:		Age:
School:		Also Applying?

Medical Information			
Doctor's Name:		Phone:	
Child's Medical Services Plan Number:			
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 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:	
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?			
Give a brief evaluation of your child's health:			

	Yes	No
Has your child recently had a hearing test?		
Been diagnosed with a hearing problem?		
Has your child recently had a test for vision?		
Known vision problems?		
Does your child wear glasses or contacts?		
Has your child ever experienced a concussion?		
Has your child had any of the following conditions?		
Asthma		
Hay Fever		
Diabetes		
Epilepsy		
Has your child ever had any serious physical problems, illness or injury? If so, please describe and give the ages when it occurred:		
If your child has had any significant learning, behaviour or emotional problems, please describe and attach relevant documentation:		
Please give ages when these difficulties first became apparent:		
Has your child had any psychological counselling or psychiatric treatment?		
If so, please list below the name and address of the counselor or doctor and arrange to have a report released to us. This may be in the form of a conversation or written report and will be held in the strictest confidence.		
Briefly explain your understanding of the reasons for counseling or treatment:		



I authorize the Whistler Waldorf School to take care of my child during an emergency if I am unable to be contacted.

This may include transportation to the hospital and basic first aid. ___ Yes ___ No

Family/Student Interest:

Please answer the following as frankly and completely as possible:

How did you hear about the Whistler Waldorf School?

Please give the reasons for choosing Whistler Waldorf School:

What do you regard as your role and responsibility in the education of your child?

What concerns, if any, do you have regarding your child's educational experience or learning?

Subjects student enjoys most:

Subjects student enjoys least:

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

Average hours of digital media use: Daily: _____ Weekly: _____

The following materials will be required to complete the application process.

- Application fee (\$100 non-refundable)
- Copy of two most recent report cards
- Copies of all student IEPs, assessments or professional reports, if applicable

I declare that I have submitted all required documents (report cards, IEPs, assessments, etc.) and that all information on this application to be true and correct.

Legal Guardian 1's signature: _____ Date: _____

Legal Guardian 2's signature: _____ Date: _____