

APPLICATION FOR ADMISSION HIGH SCHOOL (GRADE NINE to TWELVE) Parent Application

STUDENT

 LAST NAME

_____. _____. _____.
 DATE OF BIRTH (YYYY.MM.DD)

Male Female

 FIRST NAME (& familiar if different) MIDDLE NAME NO MIDDLE NAME

 CURRENT SCHOOL NAME AND ADDRESS

APPLYING FOR GRADE 9 10 11 12
 (CIRCLE ONE)

We intend to apply for Tuition Adjustment (TA)

 MEDICAL SERVICE PLAN (MSP) NUMBER

PARENT or GUARDIAN ONE

 LAST NAME

 LAST NAME

 FIRST NAME MIDDLE NAME NO MIDDLE NAME

 FIRST NAME MIDDLE NAME NO MIDDLE NAME

 ADDRESS

 ADDRESS

 CITY PROVINCE POSTAL CODE

 CITY PROVINCE POSTAL CODE

Home Phone _____ (_____) _____ - _____
 COUNTRY AREA PHONE NUMBER

Home Phone _____ (_____) _____ - _____
 COUNTRY AREA PHONE NUMBER

Cell / Pager _____ (_____) _____ - _____
 COUNTRY AREA PHONE NUMBER

Cell / Pager _____ (_____) _____ - _____
 COUNTRY AREA PHONE NUMBER

Email _____

Email _____

Work Phone _____ (_____) _____ - _____
 COUNTRY AREA PHONE NUMBER

Work Phone _____ (_____) _____ - _____
 COUNTRY AREA PHONE NUMBER

 EMPLOYER

 EMPLOYER

 POSITION

 POSITION

Child Lives With Both Parents Parent 1 Parent 2 Other _____

SIBLING INFORMATION

Name _____ School _____ Age _____
 Male Female Also Applying? Yes No

Name _____ School _____ Age _____
 Male Female Also Applying? Yes No

Name _____ School _____ Age _____
 Male Female Also Applying? Yes No

GENERAL INFORMATION

Previous schools attended by the student, and reasons for leaving

| | |
|--------------------------|---------------------------|
| School Name & City _____ | Reasons for leaving _____ |
| School Name & City _____ | Reasons for leaving _____ |
| School Name & City _____ | Reasons for leaving _____ |

Please briefly describe your child’s special interests and abilities, strengths and weaknesses _____

What is your understanding of Waldorf Education? Please list any books read, lectures attended, research, etc.

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

How did you hear about our school?

SIGNATURE PARENT or GUARDIAN ONE

SIGNATURE PARENT or GUARDIAN TWO

_____._____._____
DATE SIGNED (YYYY.MM.DD)

_____._____._____
DATE SIGNED (YYYY.MM.DD)

Confidential

PARENT/GUARDIAN QUESTIONNAIRE

Please answer the following questions as frankly and completely as possible

1. If your child is transferring from another school, please describe why you are choosing the Vancouver Waldorf School. _____

2. Which are his/her strongest areas of study in school? _____

3. Which are his/her weakest areas of study in school? _____

4. Has your child received tutorial or remedial instruction? If yes, please describe the subject(s) and duration. _____

5. How would you describe your child's relationship with his/her parents/guardians?

6. Describe your son/daughter's social relationships with peers and teachers: _____

7. If the student's parents are separated, does he/she have contact with both parents? If yes how much time is spent in each household? _____

8. If parents are separated, what is the custody agreement? Please attach written documents.

9. Please describe any circumstances in your child's home, family, or environment, which may have had supportive or negative effects on her/his personal or school life: _____

10. Do you know if your son/daughter has already taken any kind of recreational drugs (including tobacco or alcohol)? If so, explain. _____

11. Give your opinion regarding the use of recreational drugs by teenagers. What attitudes did you take or would you take if this happened? What attitudes do you expect the School to have in this regard? _____

12. If the student has any emotional, disciplinary or learning challenges please describe them.

13. What are the student's eating habits? Does the student have any food or other allergies? Is the allergic reaction life threatening? Please elaborate and describe symptoms _____

14. If the student has any emotional, disciplinary or learning challenges, please describe them.

15. Has your child had any psychological, developmental or educational testing or treatment? If so, please describe and, if applicable, attach a copy of the assessments to this application. _____

16. Does your child have any medical conditions? Please describe together with any required medication/treatments. _____

17. Please include any information you think is relevant to your son/daughters application (special abilities, interests, musical or artistic abilities, needs, temperament characteristics, etc). _____

Personal information will be used and disclosed in accordance with the privacy protection provisions of the Personal Information Protection Act (PIPA British Columbia). If you have any questions about the collection, use and disclosure of this information, consult the Vancouver Waldorf School Personal Information Privacy Policies in the Parent Handbook or contact the Vancouver Waldorf School Privacy Officer at privacyofficer@vws.ca