

**APPLICATION FOR ADMISSION HIGH SCHOOL (GRADE NINE to TWELVE)
 INTERNATIONAL STUDENT**

Parent Application

STUDENT

 LAST NAME

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

Male Female

 FIRST NAME MIDDLE NAME NO MIDDLE NAME

 CURRENT SCHOOL

APPLYING FOR GRADE 9 10 11
 (CIRCLE ONE)

 MEDICAL INSURANCE PROVIDER NAME, ID & POLICY NUMBER

S/he would like to do an Exchange with a VWS student

Yes No

S/he is applying on a fee paying basis

Yes No

S/he will require a homestay family?

Yes No

PARENT or GUARDIAN ONE

PARENT or GUARDIAN TWO

 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 _____

Confidential

PARENT/GUARDIAN QUESTIONNAIRE

1. Why did you decide to provide an international exchange for your son/daughter?

2. Explain why you would like to have your son/daughter attend the Vancouver Waldorf School.

3. What characteristics are you looking for in a High School? _____

4. How would you evaluate your son/daughter's command of the English language?

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

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

7. In what languages is your son/daughter fluent? _____

8. Will you be organizing additional English tutoring for son/daughter prior to their arrival in Canada? Yes No

9. Has your son/daughter had any serious physical problems, diseases or traumas? If yes, please describe them and indicate when they occurred. _____

10. Is the student currently under any medical treatment? What kind? (traditional/homeopathy/ anthroposophic/ other)? _____

11. Is the student currently receiving psychological or psychiatric treatment or have they received any such treatment in the last three years? If yes, please describe the type of therapy and reason it was sought and attached documentation if relevant

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. Please describe the student's sleep habits (usual bedtime, how many hours he/she sleeps, etc.):

15. Please describe any circumstances at home or among the student's relationships that might have produced negative effects in his/her personal life or school performance. ____

16. Describe your son/daughter's social relationships with friends, teachers, etc.

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

18. 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?

19. Please include any information you think would help us support your son/daughter once they are enrolled (special abilities, interests, musical or artistic abilities, needs, temperament characteristics, etc).

I AGREE TO THE ABOVE

Signature