

## APPLICATION FOR ADMISSION GRADE ONE

### STUDENT

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_.\_\_\_\_\_.\_\_\_\_\_  
DATE OF BIRTH (YYYY.MM.DD)

Male  Female

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
MIDDLE NAME

NO MIDDLE NAME

\_\_\_\_\_  
CURRENT SCHOOL NAME AND ADDRESS

\_\_\_\_\_  
MEDICAL SERVICE PLAN (MSP) NUMBER

We intend to apply for Tuition Adjustment (TA)

### 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 \_\_\_\_\_  
 Male  Female

School \_\_\_\_\_ Age \_\_\_\_\_

Also Applying?  Yes  No

Name \_\_\_\_\_  
 Male  Female

School \_\_\_\_\_ Age \_\_\_\_\_

Also Applying?  Yes  No

Name \_\_\_\_\_  
 Male  Female

School \_\_\_\_\_ Age \_\_\_\_\_

Also Applying?  Yes  No

**GENERAL INFORMATION**

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

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Does your child like to sing? \_\_\_\_\_

Does your child play a musical instrument? If Yes, please list \_\_\_\_\_

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Does your child participate in any additional activities outside of school (hobbies, sports, art programs)?

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What responsibilities or chores, if any, does your child have at home? (i.e. setting the table, making their bed, etc)

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Average hours of TV/video viewing      Weekdays \_\_\_\_\_      Weekends \_\_\_\_\_

Average hours of music/radio              Weekdays \_\_\_\_\_      Weekends \_\_\_\_\_

Average hours of computer use            Weekdays \_\_\_\_\_      Weekends \_\_\_\_\_

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

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

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How did you hear about our school?

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\_\_\_\_\_  
SIGNATURE PARENT or GUARDIAN ONE

\_\_\_\_\_  
SIGNATURE PARENT or GUARDIAN TWO

\_\_\_\_\_.\_\_\_\_\_.\_\_\_\_\_  
DATE SIGNED (YYYY.MM.DD)

\_\_\_\_\_.\_\_\_\_\_.\_\_\_\_\_  
DATE SIGNED (YYYY.MM.DD)

**Confidential**

**PARENT/GUARDIAN QUESTIONNAIRE**

1. 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. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Does your child have any medical conditions? Please describe together with any required medication/treatments. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Does your child have any food or other allergies? Is the allergic reaction life threatening? Please elaborate and describe symptoms \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Do you regularly eat meals together with your child? Which ones? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Briefly describe your child's diet: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Does your child have a regular bedtime during the school year?  Yes  No  
What is the time range for going to bed? Earliest \_\_\_\_\_ Latest \_\_\_\_\_
7. Do you have a bedtime ritual with your child? If so, please describe \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. How easy or difficult is it for your child to wake up in the morning? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. If the child's parents are separated, does the child have contact with both parents? If yes how much time is spent in each household? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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11. Please describe how your family spends time together: \_\_\_\_\_

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12. Please characterize your child in the following areas:

a. When playing with other children \_\_\_\_\_

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b. Confronting new situations \_\_\_\_\_

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c. In relation to authority \_\_\_\_\_

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

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14. How would you describe his/her relationship with peers or extended family?

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15. Is there anything you feel is pertinent to your child's application that has not been covered above? \_\_\_\_\_

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*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](mailto:privacyofficer@vws.ca)*