

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 _____

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

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

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

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.

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

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

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

3. 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.

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

5. Does your child have any food or other allergies? Is the allergic reaction life threatening? Please elaborate and describe symptoms _____

6. Do you regularly eat meals together with your child? Which ones? _____

7. Briefly describe your child's diet. _____

8. Does your child have a regular bedtime during the school year? Yes No
What is the time range for going to bed? Earliest _____ Latest _____
9. How easy or difficult is it for your child to wake up in the morning? _____

10. 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? _____

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

12. Please describe how your family spends time together. _____

13. Please characterize your child in the following areas:

a. When playing with other children _____

b. Confronting new situations _____

c. In relation to schoolwork _____

d. In relation to authority _____

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

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

16. 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