

APPLICATION FOR ADMISSION HIGH SCHOOL (Grades 9-12) parent

This application can *only* be accepted if all sections are completed.
A photocopy of your child's **birth certificate** or **passport** *must* accompany
this form together with a copy of their most recent school report.

Please Print

Grade: _____ Proposed entrance date _____ . _____ . _____ End Date _____ . _____ . _____
YEAR MTH DAY YEAR MTH DAY

Student: Legal Name _____
SURNAME GIVEN NAME(S) FAMILIAR (IF DIFFERENT)

Date of Birth _____ . _____ . _____ Female Male Birthplace _____
YEAR MTH DAY

Canadian Citizen Landed Immigrant (enclose copy of official document) Native Language _____

Citizenship/Other(specify) _____

Current School Name & Address: _____

Will applicant live with the family? Need room and board? Do an exchange?

PARENTAL INFORMATION

Financial Responsibility: Mother Father Guardian Other _____

Mother: Legal Name _____
SURNAME GIVEN NAME(S)

Home Address _____
PLEASE SPECIFY ACCURATE POSTAL ADDRESS INCLUDING POSTAL CODE

Tel Home: _____ (____) _____ - _____ Cell/Pager: _____ (____) _____ - _____ Tel Work: _____ (____) _____ - _____
COUNTRY AREA PHONE NUMBER COUNTRY AREA PHONE NUMBER COUNTRY AREA PHONE NUMBER WITH EXTENSION

Fax: _____ (____) _____ - _____ Email: _____ ADDRESS@DOMAIN.COM
COUNTRY AREA PHONE NUMBER

Canadian Citizen Landed Immigrant (enclose copy of official document) Native Language _____

Employer: _____ Position _____

MOTHER'S SIGNATURE _____
 I hereby declare all information on this application to be true and correct _____ Year Mth Day

Father: Legal Name _____
SURNAME GIVEN NAME(S)

Home Address _____
If Different PLEASE SPECIFY ACCURATE POSTAL ADDRESS INCLUDING POSTAL CODE

Tel Home: _____ (____) _____ - _____ Cell/Pager: _____ (____) _____ - _____ Tel Work: _____ (____) _____ - _____
COUNTRY AREA PHONE NUMBER COUNTRY AREA PHONE NUMBER COUNTRY AREA PHONE NUMBER WITH EXTENSION

Fax: _____ (____) _____ - _____ Email: _____ ADDRESS@DOMAIN.COM
COUNTRY AREA PHONE NUMBER

Canadian Citizen Landed Immigrant (enclose copy of official document) Native Language _____

Employer: _____ Position _____

FATHER'S SIGNATURE _____
 I hereby declare all the information on this application to be true and correct _____ Year Mth Day

Legal Custodial Guardian/Agent: Legal Name _____ Female Male

Home Address _____
PLEASE SPECIFY ACCURATE POSTAL ADDRESS INCLUDING POSTAL CODE

Tel Home: _____ (____) _____ - _____ Cell/Pager: _____ (____) _____ - _____ Tel Work: _____ (____) _____ - _____

Fax: _____ (____) _____ - _____ Email: _____
COUNTRY AREA PHONE NUMBER ADDRESS@DOMAIN.COM

Canadian Citizen Landed Immigrant (enclose copy of official document) Native Language _____

Other Information:

Mother: Interests/Hobbies/Talents: _____

Father: Interests/Hobbies/Talents: _____

Guardian/Agent: Interests/Hobbies/Talents: _____

If either or both of the parents are deceased, if parents are divorced or separated, please state so and give name and relationship to the pupil of all adults and/or children living in the household.

Household(s) where your child resides during the school week: Mother Father Guardian

SIBLING INFORMATION:

Name: _____ School: _____
Grade: _____ Date of Birth ____:____:____ Also Applying? Male Female
Name: _____ School: _____
Grade: _____ Date of Birth ____:____:____ Also Applying? Male Female
Name: _____ School: _____
Grade: _____ Date of Birth ____:____:____ Also Applying? Male Female

Doctor's Name _____ Phone : (____) _____ - _____

Child's Medical Plan Health Number OR Insurance Policy Details & (Toll Free)

PROVIDER CHILD'S IDENTIFICATION NUMBER(S) AREA PHONE NUMBER

In case of snow or other extraordinary circumstances in which transportation and/or communication may be interrupted, we need to know where or with whom your child should go.

Contact Person _____ Phone: (____) _____ - _____
AREA PHONE NUMBER

Do you authorize the Vancouver Waldorf School to take care of your child during an emergency if we are unable to contact you? This may include transportation to the hospital and basic first aid.

Yes No **Parent/Guardian Signature(s)** _____
SIGNATURE SIGNATURE

IMPORTANT: *Your Application Can Only Be Processed If The Information On This Page Is Complete Or Special Arrangements Have Been Made With Our Enrollment Coordinator.*

For office use only: Received ____:____:____ App. fee \$ ____ To teacher ____:____:____
YEAR MTH DAY YEAR MTH DAY

PART II MEDICAL INFORMATION

Please state any known allergies (food/animal/medication).

Does your child have any physical challenges?

Any special fears?

Give a brief evaluation of your child's health.

Please check the appropriate boxes if your answer is 'yes' to any of the questions in the following three columns:

Has your child had any of the following illnesses?
Or ever been immunized for any of the following illness?

Chicken pox	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
	ILLNESS	IMMUNIZED	YEAR	MTH
Red Measles (Rubeola)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
	ILLNESS	IMMUNIZED	YEAR	MTH
German Measles (Rubella)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
	ILLNESS	IMMUNIZED	YEAR	MTH
Mumps	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
	ILLNESS	IMMUNIZED	YEAR	MTH
Whooping Cough	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
	ILLNESS	IMMUNIZED	YEAR	MTH
Poliomyelitis	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
	ILLNESS	IMMUNIZED	YEAR	MTH
Diphtheria	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
	ILLNESS	IMMUNIZED	YEAR	MTH
Tetanus	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
	ILLNESS	IMMUNIZED	YEAR	MTH
Haemophilus B	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
	ILLNESS	IMMUNIZED	YEAR	MTH
Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
	ILLNESS	IMMUNIZED	YEAR	MTH

Has your child had any of the following illnesses or conditions?

- Asthma
- Hay Fever
- Scarlet Fever
- Diabetes
- Epilepsy
- Convulsions/Fits

Has your child ever experienced any of the following?

- Concussion
- Major Surgery
- Admission to Hospital

Has your child ever had any serious physical problems, illnesses or injuries? 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. Please give ages when these difficulties first became apparent

Has your child had any psychological counseling or psychiatric treatment since the beginning of Grade 7? ___
 yes or no

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 it will be held in the strictest confidence. Briefly explain your understanding of the reasons for counseling or treatment.

