

# Calgary Waldorf School

## New Student Application for Admission

**Please return the completed application package to:**

Calgary Waldorf School  
515 Cougar Ridge Drive S.W.  
Calgary, Alberta, Canada T3H 5G9  
Phone: 403-287-1868 Fax: 403-287-3414  
[Info@calgarywaldorf.org](mailto:Info@calgarywaldorf.org)

**Please be sure to include the following:**

- Application for Admission Form (3 pages total)
- New Student Questionnaire
- Copies of educational assessments or reports, if applicable
- Copy of Birth Certificate (or other government issued photo ID)
- For Grades 1-9: a copy of the student's most recent report, including IPPs if applicable
- International Students: a copy of valid Immigration documents (Study Permit etc.)
- \$50 non-refundable application fee payable to the Calgary Waldorf School

Child's Legal Name:

\_\_\_\_\_

Last

\_\_\_\_\_

First

\_\_\_\_\_

Middle

Birthdate:

\_\_\_\_\_

(dd/mm/yyyy)

Gender:

Enrolment to commence:

September 20 \_\_\_\_\_

Or \_\_\_\_\_ (date for mid-year enrolment)

Alberta Student Number (ASN): \_\_\_\_\_

**School Day Aftercare for Early Childhood programs and Grades 1-6:**  
Please indicate aftercare interest, where applicable.  
Additional Aftercare Registration forms to be completed following acceptance into the School.

**Grade Applying For (1- 9):** \_\_\_\_\_

A copy of the most recent report is required for all Grades 1 - 9 applications. Please include it with your application.

**Aftercare** (for Gr. 1 - 6): 3:00 to 5:30 p.m. Please check if interested.

**Preschool** (3 & 4 year-olds\*)

Please indicate your preference

- 5 Days: 8:30 a.m. to 3:00 p.m.  
 3 Days (Mon - Wed): 8:30 a.m. to 3:00 p.m.  
 2 Days (Thurs & Fri): 8:30 a.m. to 3:00 p.m.

**Options for the 2, 3 or 5 day Preschool**

Please indicate interest, if applicable.

- Early Pick-Up:** 12:00 p.m. (half-day option)  
 **\*\* Early Drop Off:** 7:30 a.m.  
 **Aftercare:** 3:00 to 5:30 p.m.

**Kindergarten** (4y 8 m & 5 + year-olds\*)

- 5 Days: 8:22 a.m. to 3:00 p.m.

**Options for Kindergarten:** Please indicate interest, if applicable.

- Early Pick-Up:** 12:00 p.m. (half-day option).  
 **\*\* Early Drop Off:** 7:30 a.m.  **Aftercare:** 3:00 to 5:30 p.m.

**Senior Kindergarten** (5 1/2 & 6 year-olds\*)

- 5 Days: 8:22 a.m. to 3:00 p.m.

**Options for Senior Kindergarten:** Please indicate interest, if applicable.

- \*\* Early Drop Off:** 7:30 a.m.  
 **Aftercare:** 3:00 to 5:30 p.m. Please check if interested.

\* Please refer to Kindergarten, Preschool and Early Childhood program information for exact age requirements for each program.

\*\* 7:30 a.m. Early Drop Off: Please indicate interest where applicable and complete & return Aftercare Registration forms. Early Drop off is subject to minimum enrolment.

## Parent / Guardian Information

Mother\_\_\_/Father\_\_\_/Legal Guardian\_\_\_

Mother\_\_\_/Father\_\_\_/Legal Guardian\_\_\_

Name:

\_\_\_\_\_

First

\_\_\_\_\_

Last

Name:

\_\_\_\_\_

First

\_\_\_\_\_

Last

Address:

\_\_\_\_\_

Address:

\_\_\_\_\_

Postal Code

\_\_\_\_\_

Postal Code

\_\_\_\_\_

Home Phone:

\_\_\_\_\_

Home Phone:

\_\_\_\_\_

Cell Phone:

\_\_\_\_\_

Cell Phone:

\_\_\_\_\_

Work Phone:

\_\_\_\_\_

Work Phone:

\_\_\_\_\_

Email:

\_\_\_\_\_

Email:

\_\_\_\_\_

Name of Parent(s)/individual(s) with Legal Custody of Child:

\_\_\_\_\_

Child Resides With:

Mother  Father  Legal Guardian  Other

## Signatures and Acknowledgements

I / we understand that: This application does not guarantee acceptance. Admission and placement recommendations will be in accordance with the Calgary Waldorf School's policy on entry age for each program/grade. Review of applications and admission of students is at the discretion of the Calgary Waldorf School. The School reserves the right to refuse admission or require the withdrawal of any student should the School decide it is in the best interest for the student or the School.

I/we have disclosed full and accurate information and understand that withholding or falsifying pertinent information at any time may result in the non-acceptance or dismissal of a student.

The Calgary Waldorf School collects personal information only for reasonable purposes related to school operation, administration, educational and volunteer activities according to our Privacy of Personal Information Policy.

Signature:

\_\_\_\_\_

Signature:

\_\_\_\_\_

Date:

\_\_\_\_\_

Date:

\_\_\_\_\_

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How did you hear about the Calgary Waldorf School?

Have you attended a School Tour, lectures or events hosted by the Calgary Waldorf School?

What is your knowledge of Waldorf Education?

Why are you choosing a Waldorf Education for your child? In what way do you feel your child will benefit from this education?

Briefly describe your child (personality/character):

Does your child have special interests or hobbies? Are they enrolled in any activities or programs? How do they enjoy spending their time?

Name, age of siblings, if any.

Language (s) spoken at home?

Current School, Preschool or Daycare, if applicable.

Program or School Name:

Dates/years attended:

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Describe your child's previous experiences in daycare, playgroup, preschool or school, if applicable. If you are transferring your child from another school please include your reasons for doing so.

Please describe your child's relationship with media, screen time and electronics (computer, tablet, smart phone, video games, TV, Movies etc.). Please include for what purpose, what topics/programs/genre, when, how long, how often?

Have there been any medical or psychological concerns, diagnosis or assessments that may affect your child's development, learning or ability to participate in classroom life? (i.e. speech or developmental delays; vision or hearing issues; physical, emotional, behavioural or learning concerns).  No  Yes, if yes please explain.

Has your child had a Psychoeducational Assessment?

No  Yes, if yes please explain.

Has your child received any remedial assistance (i.e. speech, occupational, physical therapy etc.) or Special Education Funding (PUF, Gifted, Mild/Moderate etc.).

No  Yes, if yes please explain.

**Student's Citizenship and Required Documentation**

Proof of Citizenship will be required at the time of enrolment.

**Student is:**

- A Canadian Citizen (Birth Certificate)
- Permanent Resident (Permanent Resident Card)
- Child of a Canadian Citizen (Parent's Birth Certificate)
- Child of a Temporary Resident (Parent's current Work Permit)
- A visitor and student has a Study Permit

**New Application Fee: \$50 per Child (non-refundable)**

Payable by cash, debit, Visa, Mastercard or cheque payable to *The Calgary Waldorf School*.

## New Student Questionnaire

**Your responses to the following questions will allow us to better understand your child.**

**Thank you for completing this questionnaire.**

*Please note that all information contained herein will be treated as confidential, accessible only to the faculty and staff of Calgary Waldorf School. This information will not be copied or forwarded to any outside agency/institution/school.*

**Student's Name:** \_\_\_\_\_

**Current Grade** \_\_\_\_\_

Please describe your son/daughter's personality/character, relationships with friends or siblings, special interests or abilities, strengths or weaknesses or other notable aspects:

If there are siblings in the home, how do they relate to one another?

How does your son/daughter handle new situations?

Describe any fears or anxieties experienced by your son/daughter:

Please describe your son/daughter's behaviour or personality when in a group:

How does your son/daughter handle feelings of frustration or anger?

For Preschool to Grade 6 applicants: How does your son/daughter like to be comforted if hurt or upset?

For all applicants: Describe your child’s general health:

Is your child currently on medication?  No  Yes Type: \_\_\_\_\_

Has your child had a recent hearing test?  No  Yes Date: \_\_\_\_\_

Has your child had a recent eye test?  No  Yes Date: \_\_\_\_\_

Does your child wear glasses or have any vision problems?  No  Yes \_\_\_\_\_

Has your child experienced any of the following?

Motion Sickness:  No  Yes Accidents/Sudden Falls:  No  Yes Concussion:  No  Yes

Has your son/daughter had any formal assessments, remediation, or therapies? Check the appropriate boxes. If your answer is “yes” please note the dates.

Speech Therapy:

No  Yes Date: \_\_\_\_\_

Occupational Therapy:

No  Yes Date: \_\_\_\_\_

Craniosacral Therapy:

No  Yes Date: \_\_\_\_\_

Psycho-Educational Assessment:

No  Yes Date: \_\_\_\_\_

Psychological Assessment/Counselling:

No  Yes Date: \_\_\_\_\_

Remedial Instruction/Tutoring:

No  Yes Date: \_\_\_\_\_

Individualized Program Plan (IPP):

No  Yes Date: \_\_\_\_\_

Other: \_\_\_\_\_

No  Yes Date: \_\_\_\_\_

For Preschool to Grade 6 applicants: Sleep Habit/Routine:

Bedtime: \_\_\_\_\_ Wake up at: \_\_\_\_\_

Naps:  No  Yes

Solid sleeper  No  Yes

Restless  No  Yes

(Check any that apply)

Morning Mood? \_\_\_\_\_

Bed-wetting  No  Yes

Nightmares  No  Yes

For Grades 7-9 applicants: Has your son/daughter ever taken medication prescribed for behavioural (i.e. attention) or psychological reasons?  No  Yes Type: \_\_\_\_\_

For Grades 7 – 9 applicants: Describe your son/daughter’s sleep habit / routine:

For Preschool to Grade 6 applicants: Is your son/daughter’s speech clear?  No  Yes

Does your child have notable sensitivities/aversions to?

Food textures:  No  Yes

Smells:  No  Yes

Loud noises:  No  Yes

Clothing (seams/labels):  No  Yes

For Preschool & Kindergarten applicants: Toilet Training Complete?  No  Yes

Children must be toilet-trained prior to attending classes

For Grade 1 -9 applicants: Briefly describe your child’s academic development (i.e. strengths/challenges) and engagement with learning:

For Grade 1 -9 applicants: What qualities would you like to see strengthened in your child?

For all applicants: Is there any other information you would like to share?

Form Completed By (Name): \_\_\_\_\_ Date: \_\_\_\_\_

**Parents’ Information (optional)**

To help us connect your family with our school community please consider completing the following information:

Mother/Parent/Guardian:

Occupation/Workplace: \_\_\_\_\_

Interests/hobbies/talents: \_\_\_\_\_

Father/Parent/Guardian:

Occupation/Workplace: \_\_\_\_\_

Interests/hobbies/talents: \_\_\_\_\_