

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

Please be sure to include the following:

- Application for Admission Form (3 pages total)
- New Student Questionnaire (3 pages total)
- 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
- \$50 non-refundable application fee payable to the Calgary Waldorf School

International Students:

- Letter of reference from current school indicating student's English Language ability, behaviour and academic standing
- Letter from parents indicating desired period of attendance

The Calgary Waldorf School is a diverse and vibrant community and we welcome students and families from all backgrounds and faiths.

We are committed to providing an inclusive environment where everyone feels welcomed and valued.

Application Review and Evaluation

Our application process is intended to assist in determining if we are able to adequately meet a student's individual learning needs and if our school is the best environment for them to grow to their potential. We are limited in what we are able to provide for educational supports.

Our school may accept students with varying physical, emotional or intellectual abilities who can be reasonably accommodated within the classroom setting. The information provided in the Application and New Student Questionnaire along with supporting documents, assessments and reports are necessary to determine if our school is the appropriate learning environment for your child.

When considering a new student application, we must ensure that we are able to provide the necessary resources, consistent with our philosophy and pedagogy, for their best success and for the success of all students in a given class.

The Calgary Waldorf School has limited resources in facilities, staff and expertise to allow us to accommodate students with substantial medical, emotional, behavioural or learning challenges.

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. Subject to space availability.

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.

Jr. Kindergarten (3 & 4 year-olds*) Please indicate your preference

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

Options for the 2, 3 or 5 day Junior 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.

Kindergarten (4y 8m & 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 (5y 8m & 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.

* Jr. Kindergarten - 3 years-old as of Sept.1 * Kindergarten - Turning 5 years-old by Dec.31 * Sr. Kindergarten - Turning 6 years-old by Dec. 31

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, preschool, Kindergarten or grade 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. Student will reside with: Parent or Relative or Homestay Family/Other

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

Payable by cash, debit, Visa, Mastercard or cheque payable to *The Calgary Waldorf School*. Application Fees may be paid over the phone with credit card by calling the school office at 403-287-1868.

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

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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 Junior Kindergarten to Grade 6 applicants: Sleep Habit/Routine:

Bedtime: _____ Wake up at: _____ Morning Mood? _____

Naps: No Yes Bed-wetting No Yes

Solid sleeper No Yes Nightmares No Yes

Restless No Yes

(Check any that apply)

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 Junior Kindergarten 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

Loud noises: No Yes

Smells: No Yes

Clothing (seams/labels): No Yes

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

Children must be toilet-trained and able to independently attend to their toileting needs prior to attending classes.

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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: _____