

Grades 9-12 ~ Application for Admission

Grade Applying For

☐ 9 ☐ 10 ☐ 11 ☐ 12

School Year

☐ 2023-2024 ☐ 2024-2025 ☐ 2025-2026

Family Information

Student's Full Legal Name:

Date of Birth: Gender Identity:

Primary Address:

Postal Code:

School Currently Attending: Grade:

Current Teacher: May we contact them?

School Address:

School Phone: School Email:

Household 1 Information

Parent/Guardian Name:

Address (if different from student's):

Postal Code:

Home Phone: Business Phone:

Cell Phone: Email:

Spouse/Partner Name:

Home Phone: Business Phone:

Cell Phone: Email:

Household 2 Information (if applicable)

Parent/Guardian Name:

Address (if different from student's):

Postal Code:

Home Phone: Business Phone:

Cell Phone: Email:

Spouse/Partner Name:

Home Phone: Business Phone:

Cell Phone: Email:

Financial Responsibility & Notices

Who is financially responsible:

School reports/parent notices sent to:

Sibling Information

Name: Date of Birth:

Name: Date of Birth:

Name: Date of Birth:

Student Information (please complete the following about the student)

How is their general health?

Do they have allergies?

What immunizations have they received? (please check)

☐ Diphtheria ☐ Pertussis ☐ Tetanus ☐ Polio ☐ Hib
☐ Measles ☐ Mumps ☐ Rubella ☐ Hepatitis B ☐ None
☐ Provide a copy of your child's immunization booklet

What are their special interests?

How much time daily do they spend on technology of any kind?

Do they participate in private lessons or sports activities? (describe)

Please describe their educational experience up until now?

How would you describe their social/emotional development?

What responsibilities do they student have at home?

Language(s) spoken at home:

Have you ever sought counselling or a professional evaluation for your child?

☐ Yes ☐ No

If yes, please provide a copy of the results.

Date	Type of Evaluation
	Speech and language
	Referral for hearing evaluation
	Referral for vision testing
	Testing for learning challenges
	Psychological evaluation and/or counseling
	Sensory and motor evaluation (OT and PT)

Is there anything else that you feel we should know about their development and needs?

Why Waldorf?

Why would you like your child to attend the Halton Waldorf School?

What do you hope to receive from our program for your child and family?

How did you hear about Halton Waldorf School?

- ☐ Friend or neighbour
- ☐ Current or former parent of HWS
- ☐ Web research
- ☐ Our Kids website
- ☐ Flyer or poster
- ☐ Newspaper ad (specify which one) _____
- ☐ Other (please specify) _____

Expectations

The healthy life of the school relies strongly on parents’/guardians’ participation in their child’s education. Class meetings each term give parents/guardians the opportunity to learn about the curriculum, share concerns and plan activities to support the social life of the class. It is expected that at least one guardian from the family attend all such meetings.

_____ Signature of Parent(s) or Guardian(s)	_____ Date
_____ Signature of Parent(s) or Guardian(s)	_____ Date

Admission Checklist

Have you included the following items in your application?

- ☐ Completed and signed application form
- ☐ \$350 application fee
- ☐ Copy of birth certificate
- ☐ Copy of immunization record or statement of vaccine exemption

- ☐ IEP documentation (if applicable)
- ☐ Educational-Psychological assessment report (if applicable)
- ☐ Developmental optometrist report (if applicable)
- ☐ OT or PT report (if applicable)
- ☐ Vision or hearing test (if applicable)