



## PARENT INFORMATION

## Applicant's Parent and/or Guardian

Name \_\_\_\_\_

Address \_\_\_\_\_

*Street**City**Postal Code*

Home Phone Number ( ) \_\_\_\_\_ Cell Phone Number ( ) \_\_\_\_\_

Occupation and Position \_\_\_\_\_

Company / Organization \_\_\_\_\_

Business Phone Number ( ) \_\_\_\_\_ E-mail Address \_\_\_\_\_

## Applicant's Parent and/or Guardian

Name \_\_\_\_\_

Address \_\_\_\_\_

*Street**City**Postal Code*

Home Phone Number ( ) \_\_\_\_\_ Cell Phone Number ( ) \_\_\_\_\_

Occupation and Position \_\_\_\_\_

Company / Organization \_\_\_\_\_

Business Phone Number ( ) \_\_\_\_\_ E-mail Address \_\_\_\_\_

Who is financially responsible for school expenses? \_\_\_\_\_

To whom should school reports and parents' notices be sent? \_\_\_\_\_

## STUDENT'S BIRTH HISTORY

Describe the pregnancy. Was the pregnancy full-term?

\_\_\_\_\_  
\_\_\_\_\_The birth was     At hospital     At home     Natural     Caesarean

Length of labour \_\_\_\_\_    Birth weight \_\_\_\_\_

Complications?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STUDENT'S BIRTH HISTORY  
*continued*

 If child was adopted, at what age and under what circumstances?
 

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 How was your baby fed?  Bottle  Breast When was your child weaned? \_\_\_\_\_

 Describe your child's sleeping and waking pattern as an infant.
 

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At what age did your child: Roll over \_\_\_\_\_ Sit up \_\_\_\_\_ Crawl \_\_\_\_\_ Stand up \_\_\_\_\_ Walk \_\_\_\_\_

 Was a walker, playpen or jolly jumper used? If yes, how?
 

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When was your child fully toilet trained (if applicable)? \_\_\_\_\_

 Does your child experience bed wetting?  Yes  No

 MEDICAL HISTORY AND  
 GENERAL HEALTH

What immunizations has your child received?

 Diphtheria  Pertussis  Tetanus  Polio  Measles  Mumps  Rubella  Hepatitis B  None

 Does your child require corrective lenses?  Yes  No How long has she/he been wearing them? \_\_\_\_\_

 Has your child had a hearing test? Please describe hearing difficulties, if any.
 

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 Please describe speech difficulties, if any.
 

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 Does your child have any allergies or sensitivities?
 

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How is your child's general health? \_\_\_\_\_

 Is your child currently on medication?
 

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 Does your child experience high fevers when she/he is ill (38°C or over)? If yes, when and how often?
 

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Has your child ever had the following:

 Chicken Pox  Sudden falls  Mumps  Repetitive injuries  Rubella  Accidents  Measles

 Operations  Scarlet Fever  Head injuries  Ear infections  Eye problems  Tubes in ears  Hospitalization

Has your child ever undergone psychological, developmental or educational testing or treatment? If so, please describe and, if appropriate, attach a copy to this application.

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

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## FAMILY LIFE

Does your child live with both parents?  Yes  No

If not, does your child have contact with both? How much time is spent in each household?

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Are there any significant adults in the child's life?

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What time does your child awake in the morning on weekdays? \_\_\_\_\_ Weekends? \_\_\_\_\_

How does your child wake (dreamy, crabby, cheery, energetic)?

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What does your child eat for breakfast?

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Please describe your child's appetite.

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Does she/he have any particular food likes/dislikes? Any food restrictions? Special diet?

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What meals does your child have with the entire family?

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Please describe regular chores your child may have.

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Describe your child's personality/temperament.

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

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Who is with your child during the day?

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Primary caregiver's work hours \_\_\_\_\_ Other parent's work hours \_\_\_\_\_

What time does your child go to sleep on weekdays? \_\_\_\_\_ Weekends? \_\_\_\_\_

FAMILY LIFE  
*continued*

Please describe your child's nap (if any) and bedtime routines.

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Please describe any fears or anxieties experienced by your child.

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Describe what you do when your child does not meet your standards of behavior.

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Does your child watch TV or DVDs? \_\_\_\_\_

How often? \_\_\_\_\_ How long? \_\_\_\_\_

Does your child use the Internet or play computer games? \_\_\_\_\_

How often? \_\_\_\_\_ How long? \_\_\_\_\_

Do you play radio/CDs while in the car/train/bus? \_\_\_\_\_

Are you willing to limit your child's media viewing and listening time?  Yes  No

How often have you moved since your child was born? \_\_\_\_\_

Do you have pets in your home?  Yes  No

Describe the physical activities/organized sports which your child enjoys.

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What does your child do after school (play, hobbies, programmes, groups)?

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Describe any particular artistic or musical interests which your child has. If your child is applying for the grade school, does your child play a musical instrument?

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If your child is entering the early childhood programme, has your child had other school or playgroup experiences?

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Has your child participated in any programmes at AHWS?

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**FAMILY LIFE**  
*continued*

Do you have any concerns about your child's behavior in a group?

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Is there anything you feel is pertinent to your child's biography that has not been covered above?

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If you are transferring your child from another school, please include your reason for doing so.

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**SCHOOL EXPECTATIONS**

The healthy life of the school depends strongly on parent/guardian 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 evenings. Will you make that commitment?

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What are your expectations of the school?

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How did you hear about the Alan Howard Waldorf School?

Friend or Neighbour

Alan Howard Waldorf School's Website

Newspaper Ad (please indicate which) \_\_\_\_\_

Magazine Ad (Please indicate which ) \_\_\_\_\_

Our Kids Website

Flyer or Poster

Other (Please specify)

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\_\_\_\_\_  
 Signature of Parent/Guardian

\_\_\_\_\_  
 Date

**Please note that all of the information in this application will be treated as in accordance with school policy, accessible only to the faculty and staff of the Alan Howard Waldorf School. Please include a current photograph of your child and if applicable, copies of the two most recent report cards. A non-refundable application fee of \$100.00 is due with this application.**