

South Shore Waldorf School  
64 School Rd.  
Blockhouse, Nova Scotia  
B0J 1E0

# APPLICATION FORM

I hereby make application for admission to South Shore Waldorf School and Kindergarten.  
If your child has been attending another school, please request their school send us a copy of the student file to include with your application.

Indicate requested program below: Preferred entry date \_\_\_\_\_

**Parent & Tot Friday Mornings** (please circle)  
Autumn Session: Oct/Nov  
Winter Session A: Jan/Feb  
Winter Session B: March/April  
Spring Session: May/June

**Kindergarten** Monday-Thursday 9 am-3pm, Friday 9 am-1:30pm

Number of days: \_\_\_\_\_  
Preferred days: (please circle) Monday Tuesday Wednesday Thursday Friday

**Grades 1-6** (a child must be 6 by May 31 to enter Grade One the following September)  
(Please indicate which grade you are making application for) \_\_\_\_\_

Student's Given Names (underline name used):

\_\_\_\_\_

Student's Surname: \_\_\_\_\_  
Age \_\_\_\_\_ DOB \_\_\_\_\_ Gender \_\_\_\_\_

Resides with \_\_\_\_\_ (relationship)

Address:  
Street \_\_\_\_\_  
City, Province \_\_\_\_\_  
Postal Code \_\_\_\_\_

Health Card number \_\_\_\_\_

Current school:

Name \_\_\_\_\_  
Grade \_\_\_\_\_  
Years attended \_\_\_\_\_

Teacher's name \_\_\_\_\_

Names and ages of siblings:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do they attend SSWS? Y / N

Languages spoken in the home: \_\_\_\_\_  
\_\_\_\_\_

Please give details of any tests for or indications of learning disabilities.

\_\_\_\_\_  
Does your child have any life threatening allergies?

\_\_\_\_\_  
If your child is on any medication for medical or psychological reasons, please provide details.  
\_\_\_\_\_

Parent / Guardian # 1 Information

Name: \_\_\_\_\_

Address:

Street \_\_\_\_\_

City, Province \_\_\_\_\_

Postal Code \_\_\_\_\_

Phones:

Work \_\_\_\_\_

Home \_\_\_\_\_

Mobile \_\_\_\_\_

Email:

\_\_\_\_\_

Occupation:

\_\_\_\_\_

Employer:

\_\_\_\_\_

Work Hours:

\_\_\_\_\_

Parent / Guardian # 2 Information

Name: \_\_\_\_\_

Address:

Street \_\_\_\_\_

City, Province \_\_\_\_\_

Postal Code \_\_\_\_\_

Phones:

Work \_\_\_\_\_

Home \_\_\_\_\_

Mobile \_\_\_\_\_

Email:

\_\_\_\_\_

Occupation:

\_\_\_\_\_

Employer:

\_\_\_\_\_

Work Hours:

\_\_\_\_\_

How did you hear of the South Shore Waldorf School & Kindergarten?

- Alumni
- Open House
- School Sign
- Bulletin
- Friends
- Website
- Advertisement: Where: \_\_\_\_\_
- Other: \_\_\_\_\_

Why do you want your child to attend South Shore Waldorf School? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand that this application does not guarantee acceptance. I will provide a copy of previous school records and psychological and educational tests (if applicable) when an interview is arranged. I am enclosing a one-time, non-refundable \$75 application fee with this application.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

For office use only			
Date Received		Copied to Faculty (Date)	
Application Fee Received	Y / N	Dates of class visit	