

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 1-7 (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	