



Application Form

I hereby make application for admission to Toronto Waldorf School.

Personal information is collected in student records under the authority of the Education Act as amended, and is used for the specific purposes for which it is gathered in accordance with the Ontario Ministry of Education's guidelines and the school's Ontario School Records policies and procedures.

Child's Surname _____ M F

Child's full given names (underline name used) _____

Address _____

City _____ Province _____ Country _____

Postal code _____ Phone _____

Date of birth ____ / ____ / ____ Ontario health card number _____
YYYY/MM/DD (copy of birth certificate required, except for Parent & Tot)

Birthplace _____ Citizenship status _____

Preferred entry date _____ Indicate the requested program below:

Early Childhood Education

Parent & Tot: (choose one term, & days in order of preference) Sept.-Dec. OR Jan.-June
 Monday AM Thursday AM Friday AM Saturday AM

Nursery: (for children who are 3 years old by May 31, 2008)

Half day (Monday-Wednesday, 8:30-noon) **Half day** (Wednesday-Friday, 8:30-noon)
 Full day (Wednesday-Friday, 8:30-3:30)

Kindergarten: (for children who are 4 or 5 years old by May 31, 2008)

Half day (Monday-Friday, 8:30-noon) **Full day** (Monday-Friday, 8:30-3:30)

Lower & High School

Gr. 1 students must be 6, Gr. 2 students 7, and so on, by May 31, 2008

Lower School: (please indicate which grade) _____

High School: (please indicate which grade) _____

Information for school records:

(please indicate your primary billing address clearly with a double asterisk (* *))

Mother's name _____

Address (if different from above) _____

City _____ Province _____ Postal code _____

Home phone _____ Business phone _____

Cell phone _____ E-mail address _____

Occupation _____ Employer _____

Father's name _____

Address (if different from above) _____

City _____ Province _____ Postal code _____

Home phone _____ Business phone _____

Cell phone _____ E-mail address _____

Occupation _____ Employer _____

Name(s) and age(s) of sibling(s) _____

Language(s) spoken in the home _____

Present school of applicant _____

Address of present school _____

Current teacher or advisor _____

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:

How did you hear of Toronto Waldorf School? (please check all that apply)

Alumni/ae Open House School Sign Website Friends York Region School Fair

Advertisement where: _____ Other: _____

Why do you want your child to attend Toronto 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 when an interview is arranged. I am enclosing a one-time non-refundable fee with this application.

\$125 for Nursery-Gr. 12 \$10 for Parent & Tot

Signature of Parent or Guardian _____

Date of Application: _____

Please return to:

Toronto Waldorf School, 9100 Bathurst Street, Thornhill, ON L4J 8C7

Fax 905-881-6710