



Toronto Waldorf School

Application Form 2018-2019

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 TWS' Ontario School Records policies and procedures.

Child's Surname _____ Gender _____

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

Birthplace _____ Citizenship status _____
(please attach copy of birth certificate, except for Parent & Tot)

Preferred entry date _____ Indicate the requested program below:

Early Childhood Education

Joyful Beginnings: (newborn to 2 years old, with an adult)
Requires a separate registration form that can be obtained from the school office or from our website.

Parent & Tot: (18 months to 3 years old, with an adult)
(choose term/days in order of preference)
 Monday AM Tuesday AM Thursday AM Friday AM Saturday AM
 Sept.-Dec. Jan.-June

Kindergarten: (4 and 7-year olds)
 Half day (Monday-Friday, 8:30-noon) Full day (Monday-Friday)

Lower & High School

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 (**))

Parent 1 Name _____ Mother Father

Address (if different from front of application) _____ City _____

_____ Province _____ Postal code _____ Home

phone _____ Business phone _____ Cell phone _____

_____ E-mail address _____

Occupation _____ Employer _____

Parent 2 Name _____ Mother Father

Address (if different from front of application) _____ 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 tell us about how your child learns best: _____

Please give details of any indications of learning disabilities or behavioral challenges: _____

Has your child been diagnosed with any physical or mental health condition? Please provide details:

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

Alumni/ae Friends School Sign Online: _____ Other: _____

Why do you want your child to attend Toronto Waldorf School? _____

/ understand that this application does not guarantee acceptance. / will provide a copy of previous school records and psycho-ogical/ and educational/ tests when an interview is arranged. / am enclosing a one-time non-refundable fee with this application.

\$125 for Preschool-Grade 12

Cheque payable to "Toronto Waldorf School"

Signature of Parent or Guardian _____

Date of Application: _____

Please return to: Toronto Waldorf School, 9100 Bathurst Street, Thornhill, ON L4J 8C7

Tel 905-881-1611 Fax 905-881-6710