



2148 Lakeside Road
Duncan BC V9L 6M3
Ph: (250) 743-7253
Fax: (250) 743-7245
mail@sunrisewaldorfschool.org
www.sunrisewaldorfschool.org

APPLICATION FOR ADMISSION

Thank you for your interest in Sunrise Waldorf School, we look forward to receiving your application. Our application process for new students is as follows:

1. Complete the Application for Admission and return it to the school office with the \$200.00 application fee along with a recent photo of your child, and previous school records (if applicable). The application fee is required for all applications and is valid for the current school year only.
2. Once the application has been received and the application fee paid, a meeting will be scheduled between the class teacher, parent(s) and child. During the interview, your child's general skills, abilities and stage of development will be assessed. If necessary, you may be asked to provide further assessment. Some students may only be accepted upon certain conditions. A visit to the class for your child may also be arranged for children entering the grade school. The Director of Admissions will contact you if the teacher has requested a classroom visit.
3. Upon acceptance a non-refundable deposit of \$500/family is due immediately. The deposit will be deducted from the annual tuition payment. Once the deposit has been received the Registrar will contact you to make the financial arrangements for registration and tuition payments. Registration is complete upon payment of registration and tuition fees and upon signing the registration forms and tuition agreement.

Each student who is registered will undergo a minimum three month trial period. During this time, the family will have the opportunity to connect with the school, and the teacher will be able to observe the student's needs and abilities. At the end of the trial period, either the parents or the school may terminate the enrolment.

Please note that applications received after August 15th cannot be guaranteed to start on the first week back to school in September.

Thank you for your continued interest, we look forward to meeting with you.



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For Staff Use Only:

Date Received: _____ Date given to teacher: _____
Application Fee Paid: _____ Interview Date: _____
Class: _____ Accepted / Not: _____
Teacher: _____ Start Date: _____

APPLICATION FOR ADMISSION

Please complete this form and return it to the school office with:

- \$200 non-refundable application fee
- Previous school records and assessments
- A recent photo of your child

Student Information: (To be filled out by Legal Parent or Guardian)

Name: _____
First Middle Last

Date of Birth: _____ Place of Birth: _____ Gender: _____

Child resides with: Both Parents Mother Father Legal Guardian Other: _____

Legal Parent or Guardian Information: Mother Father Legal Guardian

Full Name: _____ Phone Number: _____

Address: _____
Street City or Town Province Postal Code

Email Address: _____ Occupation: _____

Parent Status: Canadian Citizen Permanent Resident Work Permit Study Permit Other: _____

Legal Parent or Guardian Information: Mother Father Legal Guardian

Full Name: _____ Phone Number: _____

Address: _____
Street City or Town Province Postal Code

Email Address: _____ Occupation: _____

Parent Status: Canadian Citizen Permanent Resident Work Permit Study Permit Other: _____



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Student Placement:

When would you like your child to start? _____

Child's age as of September 1st of entrance year: ____ years ____ months

Application is for:

Preschool: _____ Program Options: ____ 2 day (Th/F) ____ 3 day (M/T/W) ____ 5 day (M to F)

Child must be 3 years of age as of Sept. 1st of entrance year and must meet school readiness requirements.

Kindergarten: _____

Child must be 5 years of age by Dec. 31st of entrance year.

Grade 1: _____

Child must be 6 years of age by June 1st of the entrance year and meet school readiness requirements.

Grades 2-8: _____ **Please indicate grade level.**

Child must meet school readiness requirements.

After School Care:

After School Care programs are available to children from Preschool - Grade 1. Please indicate if you would like an afterschool care registration form for the following options:

Preschool After Care: 12:00pm to 3:00 pm

____ 2 day (Th/F) or ____ 3 day (M/T/W) or ____ 5 day (M to F)

Kindergarten After Care: 1:30 to 3:00 pm

____ M ____ T ____ W ____ Th ____ F

Grade 1 After Care:

Sep. to Dec.: Gr. 1 ends at 1:30 pm on Mondays and Fridays.

____ M 1:30 to 3:00 pm

____ F 1:30 to 3:00 pm

Jan. to Spring Break: Gr. 1 ends at 1:30 pm on Mondays only.

____ M 1:30 to 3:00 pm

School Information:

If transferring from another school:

- *Indicate previous grade level, school and address.*
- *At least two report cards from previous schools and the name of contact person at that school must be attached to this application.*

School: _____ Grade level: _____
School Name

_____ Phone Number: _____
Address Postal Code

Contact person to call for reference: _____ Position: _____

Has your child had any learning and/or academic difficulties? Yes ___ No ___
 Details:

Has your child received any remedial assistance or Special Education Funding? Yes ___ No ___
 Details:

Proof of Canadian Citizenship and Residency:

Proof of Canadian citizenship is required at time of Registration. If you are not a Canadian citizen, please speak with the Director of Admissions regarding the legal requirements for studying in Canada.

If you are not a Canadian Citizen, do you have legal documentation to work in Canada? Yes ___ No ___
 If you are not a Canadian Citizen, do you have a study permit for your child? Yes ___ No ___
 Are you a BC Resident? Yes ___ No ___

As a Group 1 Independent School, SWS tuition is partially funded by the BC Provincial Government. Parents or guardians are responsible for payment of the BC operating grant if they do not qualify. To qualify, a parent or guardian must be a citizen of Canada or lawfully admitted to Canada AND a BC resident.

General Information:

Has your child had any major physical or behavioral difficulties? Yes ___ No ___
 Details:

Are there any extracurricular activities your child is now participating in (Scouts, Dance, Gymnastics, Music etc.)

General Information (continued)

Please describe the general health of your child:

What qualities would you like to see strengthened in your child in the coming year?

Confirming Signature: **Mother** **Father** **Legal Guardian**

DATE: _____ **SIGNATURE:** _____
Parent/Guardian

This Section is for School Use Only

Interview Date: _____

Comments:

Does this child need further assessment?

Yes ___ No ___

Details: