



# IMHOFF WALDORF SCHOOL

Bringing Learning to Life

Corner of Slangkop and Kommetjie Roads, Kommetjie  
P O Box 1206, Sun Valley, 7985  
Tel: (021) 783-4237  
Email: [admissions@imhoffwaldorf.org](mailto:admissions@imhoffwaldorf.org)  
[www.imhoffwaldorf.org](http://www.imhoffwaldorf.org)

## **THE APPLICATION PROCESS**

If you would like your child to attend Imhoff Waldorf School, these are our application requirements:

- A** Complete both sides of the application form, answer all the questions and make sure that the form is signed.
- B** An application fee of R400. Please note that this is not refundable.
- C** For applications for **Primary School**, a copy of your child's most recent report is required.
- D** A certified copy of your child's birth certificate, passport, permanent residency certificate or study permit must accompany the application.
- E** Copies of any medical, psychological or therapist's reports and assessments, if relevant, must accompany your application.

### **The next steps are:**

1. When there is the possibility of a place in the class, the teacher will take the application from the waiting list to the faculty meeting to authorize an interview with your child and you.  
**Please note:** We do not interview if the class is full, but keep your application on our waiting list.
2. A screening by our remedial teacher may be requested for primary school children.
3. Acceptance is not guaranteed. Subsequent to the interview, the application will be reviewed by the faculty and the needs of the class as a whole taken into account before acceptance.
4. There will be a short financial interview with the Bursar.
5. You will be notified in writing if your child has been accepted.
6. On acceptance, a non-refundable deposit of R4000 is payable and you will need to sign an Acceptance of Place Agreement.

### **ACCOUNT DETAILS**

Account name: Imhoff Waldorf School

Account type: Current Account

Account number: 07 209 1401

Beneficiary reference: Your child's full name

Bank: Standard Bank

Branch: 036009 Fish Hoek

Swift code: SB ZAZA JJ



# IMHOFF WALDORF SCHOOL

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Reg. fee paid

Date of appl.

## **RIGHT OF ADMISSION RESERVED**

**Please ensure that the following accompany this form:**

- A non-refundable registration fee of R400
- A copy of the most recent school report
- Copies of any relevant assessments
- A certified copy of your child's birth certificate

Information supplied will be treated as confidential for use in school records. Abridged contact details will appear in the school directory.

### **CHILD'S DETAILS:**

First name & Surname: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Identity no: \_\_\_\_\_ Passport no: \_\_\_\_\_ Class applied for: \_\_\_\_\_ Year

to start: \_\_\_\_\_ Present class: \_\_\_\_\_

Present school & tel. no.: \_\_\_\_\_

CEMIS NO (National Student Registration No) \_\_\_\_\_ Are any monies owed to this school? \_\_\_\_\_

Date for starting at IWS: \_\_\_\_\_ Siblings currently here: \_\_\_\_\_

What are your reasons for wanting your child to attend this school? \_\_\_\_\_

Which skills can you offer the school? eg. Artistic, business, craft, artisan: \_\_\_\_\_

Is there any further information you would like to know? \_\_\_\_\_

How did you hear of Imhoff Waldorf School? Open Day \_\_\_\_\_ Newspaper advert: \_\_\_\_\_ Word of mouth: \_\_\_\_\_

Other: \_\_\_\_\_

**PARENTS' PARTICULARS**

**PARENT 1**

**PARENT 2**

Surname: \_\_\_\_\_ Surname: \_\_\_\_\_

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

Title: \_\_\_\_\_ Title: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Identity No.: \_\_\_\_\_ Identity No.: \_\_\_\_\_

Passport no. & Country of issue: \_\_\_\_\_ Passport no. & Country of issue: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Address: \_\_\_\_\_

Home phone no.: \_\_\_\_\_ Home phone no.: \_\_\_\_\_

Work phone no.: \_\_\_\_\_ Work phone no.: \_\_\_\_\_

Cell no.: \_\_\_\_\_ Cell no.: \_\_\_\_\_

E-mail address: \_\_\_\_\_ E-mail address: \_\_\_\_\_

E-mail address for school fees (one only): \_\_\_\_\_

Postal Address: \_\_\_\_\_ Postal Address: \_\_\_\_\_

\_\_\_\_\_ Code: \_\_\_\_\_ Code: \_\_\_\_\_

Occupation/profession: \_\_\_\_\_ Occupation/profession: \_\_\_\_\_

Business name: \_\_\_\_\_ Business name: \_\_\_\_\_

Business address: \_\_\_\_\_ Business address: \_\_\_\_\_

\_\_\_\_\_ Code \_\_\_\_\_ Code \_\_\_\_\_

Business phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

WHO IS RESPONSIBLE FOR PAYMENT OF SCHOOL FEES? \_\_\_\_\_

To whom should ACCOUNTS be sent? (Parent 1/Parent 2/Other) \_\_\_\_\_

To whom should CORRESPONDENCE be sent? (Parent 1/Parent 2/Other) \_\_\_\_\_

**AGREEMENT**

- I/We, the legal guardian/s of the above-named child, understand that the completion of this form does NOT guarantee this child a place at the school.
- On acceptance of the child, payment of a non-refundable acceptance fee of R4000 secures your child's place.
- I/We understand that if my child is accepted, I/we undertake to give not less than three (3) calendar months' notice in writing to the school before withdrawing the child from the school, or, alternatively to pay three (3) calendar months' school fees in lieu of such notice.
- I/We understand that by signing this form I/we give consent for a credit check to be carried out if required.
- I/We accept that there will be an additional charge if a remedial assessment of any nature is needed.
- I/We do/ do not (**please circle**) give permission for my/ our child to feature in the school's marketing material (social media, brochures, newspaper clips, etc).

I/We enclose:

- A non-refundable administration fee of R 400.
- A copy of the child's latest school report & any other relevant assessments (if applicable)
- A certified copy of the birth certificate

Signed: ..... (Parent 1)

Date: .....



..... (Parent 2)

Date: .....

**PRIMARY SCHOOL CONFIDENTIAL INFORMATION FORM**

**PLEASE NOTE: THIS FORM WILL BE REFERRED TO DURING INTERVIEW**

What are your reasons for wanting your child to attend this school? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Which skills can you offer the school? E.g.: artistic, artisan, craft, business: \_\_\_\_\_

\_\_\_\_\_

Is your husband / wife interested in the school? \_\_\_\_\_

**FAMILY BACKGROUND:**

Home Language: \_\_\_\_\_ Religion: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Doctor's No: \_\_\_\_\_

<b>SIBLINGS:</b>	<b>NAME</b>	<b>DATE OF BIRTH</b>	<b>GENDER</b>	<b>SCHOOL</b>

Are any children adopted? Please indicate: \_\_\_\_\_

If deceased, cause and age: \_\_\_\_\_  
\_\_\_\_\_

Relatives and other adults who are especially important to the child: \_\_\_\_\_

\_\_\_\_\_

Death, divorce, separation of parents: \_\_\_\_\_

\_\_\_\_\_

Have you been separated from your child? \_\_\_\_\_ For how long? \_\_\_\_\_ At what age? \_\_\_\_\_

**COMMENTS:**

**DEVELOPMENTAL HISTORY:**

***HISTORY OF PREGNANCY AND BIRTH:***

How was the pregnancy? \_\_\_\_\_  
\_\_\_\_\_

Any difficulties at birth? \_\_\_\_\_

Was birth delayed, induced or normal? \_\_\_\_\_

Weight and general condition in infancy: \_\_\_\_\_

***FEEDING:***

As an infant was the child breast-fed? \_\_\_\_\_ Bottle-fed? \_\_\_\_\_ Combination: \_\_\_\_\_

Any early feeding difficulties (e.g. poor appetite dislikes, constipation, allergies etc). Give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Present appetite and meal-time patterns: \_\_\_\_\_  
\_\_\_\_\_

**MOTOR DEVELOPMENT:**

What age did your child start:

Sitting: \_\_\_\_\_ Crawling: \_\_\_\_\_ Standing: \_\_\_\_\_ Walking: \_\_\_\_\_

As an infant was s/he: Active: \_\_\_\_\_ Inactive: \_\_\_\_\_

Is s/he Left-handed? \_\_\_\_\_ Right-handed? \_\_\_\_\_ Uncertain: \_\_\_\_\_

Who supervises dressing? \_\_\_\_\_

What attempts does s/he make to dress her/himself? E.g. button, unbutton etc: \_\_\_\_\_  
\_\_\_\_\_

Learning/adjustment problems / requirements: \_\_\_\_\_  
\_\_\_\_\_

**COMMENTS:**

**MEDICAL HISTORY:**

Does hearing appear normal? Y / N    Does vision appear normal?    Y / N    Have these been checked by a doctor? Y / N

Comments: \_\_\_\_\_

Is your child on any medication? Y / N    How often? \_\_\_\_\_ Reason: \_\_\_\_\_

Is your child allergic to anything? Reaction? \_\_\_\_\_

Present weight and general condition? \_\_\_\_\_

Any history of illness in the family (e.g. Diabetes, Asthma, Allergies etc) \_\_\_\_\_

Relevant medical history & current treatment/therapy: \_\_\_\_\_

\_\_\_\_\_

Any history of operations? \_\_\_\_\_

Was child hospitalized? If so give details: \_\_\_\_\_

\_\_\_\_\_

Does your child develop excessively high temperatures or have fever convulsions? \_\_\_\_\_

Does your child have frequent colds? \_\_\_\_\_

Vaccinations:	Type	Age	Reactions
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**TOILET TRAINING:**

When was toilet training started? \_\_\_\_\_ What methods were used? \_\_\_\_\_

\_\_\_\_\_

At what age did s/he control bowel movements? \_\_\_\_\_

Are there any problems now? Eg constipation, etc \_\_\_\_\_

At what age did s/he stop wetting during the day? \_\_\_\_\_ At night? \_\_\_\_\_

Any relapses? \_\_\_\_\_ When? \_\_\_\_\_

**SLEEP:**

Any sleeping difficulties during infancy? \_\_\_\_\_

Does s/he sleep, rest, nap during day? \_\_\_\_\_ Time? \_\_\_\_\_ Duration: \_\_\_\_\_

At night what time does s/he go to bed? \_\_\_\_\_ Fall asleep? \_\_\_\_\_

Any special ritual at sleep time? E.g. sit with him, dummy, bottle, rocking, singing, special blanket? \_\_\_\_\_

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Any sleep difficulties now? \_\_\_\_\_

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Does s/he sleep alone? \_\_\_\_\_ Does s/he sleep through? \_\_\_\_\_

During the night, does s/he wake often? \_\_\_\_\_ Call often? \_\_\_\_\_

Come to parent's bed? \_\_\_\_\_ Time: \_\_\_\_\_ Frequency: \_\_\_\_\_

What is his/her attitude on waking? \_\_\_\_\_

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**COMMENTS:**

**SOCIAL AND EMOTIONAL DEVELOPMENT:**

What does s/he play with:

a) for exercise: \_\_\_\_\_

b) for imaginative experience: \_\_\_\_\_

c) for constructive experience: \_\_\_\_\_

d) other: \_\_\_\_\_

Does s/he look after his/her toys? \_\_\_\_\_ Put them away? \_\_\_\_\_

Is s/he dependent on adults for much attention? \_\_\_\_\_ Does s/he have an imaginary companion? \_\_\_\_\_

What is the relationship of the child to friends? \_\_\_\_\_

Siblings? \_\_\_\_\_

Mother? \_\_\_\_\_

Father? \_\_\_\_\_

Strangers? \_\_\_\_\_

Does s/he play much with other children? \_\_\_\_\_ Ages? \_\_\_\_\_

Is there an extreme behaviour that you are concerned about? \_\_\_\_\_

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Briefly describe your child's personality: \_\_\_\_\_

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Is s/he generally happy? \_\_\_\_\_ Does s/he adjust easily to new situations? \_\_\_\_\_

Does s/he cry easily? \_\_\_\_\_ Often? \_\_\_\_\_

How is s/he handled? \_\_\_\_\_

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Does s/he have any fears? E.g. dark, doctor, dentist, thunder, other:

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Is s/he affectionate? \_\_\_\_\_ Demonstrative? \_\_\_\_\_

Does s/he tire easily? \_\_\_\_\_ Become easily excited? \_\_\_\_\_

Has s/he any habits? Sucking: \_\_\_\_\_ What form? \_\_\_\_\_

Biting: \_\_\_\_\_ Picking: \_\_\_\_\_ Head banging or rolling: \_\_\_\_\_

Other: \_\_\_\_\_

When does this habit occur as a rule? \_\_\_\_\_

How is this treated? \_\_\_\_\_

How does s/he react when refused or corrected? \_\_\_\_\_

Does s/he have frequent tantrums? \_\_\_\_\_ How are they treated? \_\_\_\_\_

What form of discipline is used in the home? \_\_\_\_\_

\_\_\_\_\_

Who administers discipline? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**COMMENTS:**

**SPEECH & LANGUAGE:**

When did s/he first begin to talk? \_\_\_\_\_

Any speech impediments? E.g. stutter, lisp \_\_\_\_\_

How were they treated? \_\_\_\_\_

Present state of speech ability? \_\_\_\_\_

Do you read to him/her? \_\_\_\_\_ When? \_\_\_\_\_

Is there music in your home? \_\_\_\_\_ Radio \_\_\_\_\_ Piano \_\_\_\_\_ CD's \_\_\_\_\_ TV \_\_\_\_\_

Does your child show interest in music? \_\_\_\_\_ Singing? \_\_\_\_\_

How often does your child watch TV? \_\_\_\_\_ DVD's? \_\_\_\_\_

Do you sit with your child when s/he watches TV or DVD's? \_\_\_\_\_

Are you aware of what they are watching? \_\_\_\_\_

Does your child own or use an electronic device? Please specify \_\_\_\_\_

Does your child have access to the internet? Please specify \_\_\_\_\_

\_\_\_\_\_

**GENERAL:**

Is there any type of behaviour that worries you? \_\_\_\_\_

\_\_\_\_\_

Have you ever consulted a professional? \_\_\_\_\_ Name? \_\_\_\_\_ Date: \_\_\_\_\_

Any other information that may help us understand your child? Eg experience of grief, grandparents, loss of pet, etc \_\_\_\_\_



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Has your child any special idiosyncrasies or habits that we should know about and that have not been include in this form? \_\_\_\_\_

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