



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
www.imhoffwaldorf.org

THE APPLICATION PROCESS

- A** Complete all pages of the application form, answer all the questions and make sure that the form is signed.
 - B** Pay the non-refundable application fee of R 500 and send proof of payment to bursar@imhoffwaldorf.org.
 - C** Provide a clear scan/ photocopy of your child's birth certificate
 - D** Copies of any medical, psychological or therapist's reports and assessments, if relevant, must accompany your application.
 - E** Children who are not South African require a Study Visa from the age of 6.
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1. There will be finance check done which may include a credit check, contact with the child's previous / current school's bursar, a request for your bank statements.
 2. When there is a place in the class, the teacher will take the application from the waiting list to the faculty meeting to authorise 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.
 3. Acceptance is not guaranteed. After 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. After the interview, the teacher may need to request a visit day at their discretion, before acceptance. You will be notified in writing if your child has been accepted.
 5. There is no Acceptance Fee for children joining Toddler Group and Playgroup. A non-refundable Acceptance of Place Fee of R 2 100 is to be paid on enrolment in **Kindergarten**.

BANK ACCOUNT DETAILS

Account name: Imhoff Waldorf School
Bank: Standard Bank
Account type: Current Account
Branch: 036009 Fish Hoek
Account number: 07 209 1401
Swift code: SB ZAZA JJ
Beneficiary reference: Your child's full name

Reg. fee paid _____

Date of appl. _____

RIGHT OF ADMISSION RESERVED

Information supplied will be treated as confidential for use in school records.

CHILD'S DETAILS:

First name & Surname: _____ Date of birth: _____ Gender: _____

Identity no: _____ Class applied for: _____ Year to start: _____ Present class: _____

Present (or last) school & tel. _____

Are any monies owed to this school? _____

Preferred date for starting at IWS: _____ Siblings currently here: _____

Emergency contact in case parents cannot be reached:

1. Name: _____ 2. Name: _____

Phone number: _____ Phone number: _____

Relation: _____ Relation: _____

Which skills can you offer the school? E.g. 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: _____

Social media: _____

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, signing of the Agreement with Parents contract and payment of a non-refundable acceptance fee (Kindergarten and Primary School) 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 (only in effect after the child is enrolled for 3 months).
- 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 child to feature in the school's marketing material (social media, brochures, newspaper clips, etc).**
I/We enclose:
 - A copy of any other relevant assessments (if applicable)
 - A clear copy of the birth certificate

Signed: (Parent 1)

Date:

Signed: (Parent 2)

Date:

PRE-SCHOOL CONFIDENTIAL INFORMATION FORM

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

Is your husband / wife interested in the school? _____

FAMILY BACKGROUND:

Home Language: _____ Religion: _____

Family Doctor: _____ Doctor's No: _____

SIBLINGS:	NAME	DATE OF BIRTH	GENDER	SCHOOL

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: _____

Learning/adjustment problems / requirements: _____

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.: _____

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 medication/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

In case of emergency and parents are not contactable, please use there Emergency Contacts:

Name & Surname 1: _____

Relation: _____ Cell: _____

Comment: _____

Name & Surname 2: _____

Relation: _____ Cell: _____

Comment: _____

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? E.g. 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?

Any sleep difficulties now? _____

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? _____

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? _____

Briefly describe your child's personality: _____

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

Does s/he cry easily? _____ Often? _____

How is s/he handled? _____

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

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? _____

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? E.g. experience of grief, grandparents, loss of pet, etc _____

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

COMMENTS: