



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

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 R 500. 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 copy of your child's birth certificate. If your child is not a South African citizen, a copy of their passport and permanent residency certificate or study permit needs to 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 finance check done, which may include a credit check, contact with the child's current/previous school's bursar, a request for your bank statements.
5. You will be notified in writing if your child has been accepted.
6. On acceptance, an acceptance fee 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

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: _____
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? (1 email address only) _____
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 R4 200 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 (this only comes into effect after the child's 3rd month of enrolment).
- 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).**

Signed: (Parent 1) Date:

Signed: (Parent 2) Date:



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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: _____

SIBLINGS:	NAME	DATE OF BIRTH	GENDER	SCHOOL
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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 your child hospitalised? 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? _____

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? _____

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 _____

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