〒108-0074
3-19-23 Takanawa Chuo•mansion 1003 Takanawa Minatoku Tokyo
Tel:03-5791-1435 Fax:03-5423-7410
Coordinator: Ms. Nagashima

INTERNATIONAL HOUSE OF WALDORF STEINER

CANDIDATE INFORMATION

Candidate for	admission to	o preschool, k	indergarten or	elementary 1st	$2^{nd} 3^{rd} 4^{th}$ in
September 200)				
Student's full r	name			Nickname	
Home address					
City			State	Zip	
Home telephor	ne number				
Place and date	birth				
Nationality					
GENERAL IN	FORMATIO	N			
Address correspondence regarding this candidate to:					
	Both parent	s Father	m Mother	Other	
Student lives with (circle any that apply):					
	Father	Mother	Stepfather	Stepmother	Guardians
Please circle all applicable:					
	Parents sep	arated	Parents divorce	ed Never	r married
	Father deceased/date		Mother deceased/date		
Ages and school	ols of sisters a	nd brothers			
Source of inter	est in Waldor	f Steiner presc	hool/kindergart	en/elementary	school

GENERAL INFORMATION

	Father's / Stepfather's /Guardian's full name				
Address (if different form student)					
Education (colleges / dates / degrees)					
Occupation / position					
Business					
Address					
Telephone	FAX				
Email					
Emergency Contact Address					
Mother's / Stepmother's /Guardian's	full name				
Mother's / Stepmother's /Guardian's : 					
Address (if different form student)					
Address (if different form student) Education (colleges / dates / degrees) Occupation / position					
Address (if different form student) Education (colleges / dates / degrees) Occupation / position Business					
Address (if different form student) Education (colleges / dates / degrees) Occupation / position					
Address (if different form student) Education (colleges / dates / degrees) Occupation / position Business Address	FAX				

PREVIOUS SCHOOLS

Names and addresses of current and previous schools attended, with dates _____

Full name of principal of current school

BACKGROUND INFORMATION

Has applicant: (1) normal eyesight? _____ (2) normal hearing? _____ Have they been corrected? (1) _____ (2)____ Has student ever had psychological or psychiatric counseling about which we should know? _____ Please explain _____ Are there any physical conditions or restrictions to the applicant's participation in school activities of which we should be aware?

When does applicant plan to take the admission interview?

PARENT COMMENTS

Please indicate here any strengths, weaknesses, and/or special interests that may help us to know the student better

Please attach recent photo (OPTIONAL)	
	Signed
	Signed