

# APPLICATION FOR ADMISSION

**THE NAIROBI  
WALDORF  
SCHOOL TRUST**



Date of Application: \_\_\_\_\_  
D/M/Y

Child's Name: \_\_\_\_\_  
FIRST MIDDLE LAST

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_  
D/M/Y

Place of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

School applying to (circle):

Karen Kindergarten      Karen Primary      Lavington Kindergarten      Lavington Primary      Highschool

Mother / Guardian

Father / Guardian

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

Nationality: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Residential Address: \_\_\_\_\_

P.O. Box: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Person to notify in event of emergency: \_\_\_\_\_

Are duplicate mailings requested for separate households? \_\_\_\_\_

Who will sign the enrollment acceptance agreement and be responsible for payment of fee? \_\_\_\_\_

What are you hoping to find in Waldorf education for your child? \_\_\_\_\_

How did you learn about the Waldorf School Trust? \_\_\_\_\_

To what other schools have you applied? \_\_\_\_\_

If your child is transferring from another school, please include your reasons for doing so: \_\_\_\_\_

\_\_\_\_\_

## CHILD'S BIOGRAPHY

We request the following information so that we may obtain as complete picture as possible of the development stages of the children that come under our care, thus enabling us to serve the needs of the child and family to the best of our ability. All information will be kept confidential.

How old were the parents when the child was born? \_\_\_\_\_

Please describe the pregnancy: \_\_\_\_\_

Hospital or home birth? \_\_\_\_\_ Please describe the birth: \_\_\_\_\_

If the child was adopted, at what age and under what circumstances? \_\_\_\_\_

Approx. weight at birth? \_\_\_\_\_ Was the child breastfed? \_\_\_\_\_ For how long? \_\_\_\_\_

At what age did the child crawl? \_\_\_\_\_ Walk? \_\_\_\_\_ Speak? \_\_\_\_\_

At what age did the child start referring to himself as "I"? \_\_\_\_\_

At what age was the child toilet trained? \_\_\_\_\_ Does the child wet the bed? \_\_\_\_\_

Does the child suck thumb/fingers/clothing? \_\_\_\_\_

Any other habits? (nail biting, hair twisting) \_\_\_\_\_

Are there any letters or sounds that the child doesn't speak clearly (such as R, Y D)? \_\_\_\_\_

Please describe any complications / extraordinary events during the first 3 years of the child's life: \_\_\_\_\_

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

## MEDICAL HISTORY

Does your child wear glasses? \_\_\_\_\_ How long has the child been wearing them? \_\_\_\_\_

When do they need to be worn? \_\_\_\_\_

Illnesses suffered (include measles, mumps, chicken pox, etc) \_\_\_\_\_

Vaccinations? \_\_\_\_\_ Allergies? \_\_\_\_\_

Medications currently in use: \_\_\_\_\_

Injuries sustained? \_\_\_\_\_

Please describe serious injuries or surgical operations: \_\_\_\_\_

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

Vulnerable areas in child's health: \_\_\_\_\_

Eyes: \_\_\_\_\_ Stomach: \_\_\_\_\_ Ears: \_\_\_\_\_ Nose: \_\_\_\_\_ Throat: \_\_\_\_\_

Constipation: \_\_\_\_\_ Diarrhea: \_\_\_\_\_ Other? Please explain: \_\_\_\_\_

Describe any academic / social / psychological evaluations that your child has experienced : \_\_\_\_\_

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

Describe child's history of prescribed medication: \_\_\_\_\_

Please list name, address & phone of resources for above evaluations/treatments: \_\_\_\_\_

May we have your permission to contact the above resources?                      Yes                      No

## FAMILY LIFE

Does the child live with parents? \_\_\_\_\_ Do both parents reside in the home? \_\_\_\_\_

If not, does the child have contact with both? \_\_\_\_\_ How much time is spent in each household? \_\_\_\_\_

What other adults live in household(s)? \_\_\_\_\_

What language is spoken at home? \_\_\_\_\_ What languages does the child speak? \_\_\_\_\_

By Mother? \_\_\_\_\_ By Father? \_\_\_\_\_

What time does child awake in a.m. on weekdays? \_\_\_\_\_ Weekends? \_\_\_\_\_

How does child awaken (dreamy, crabby, cheery, etc)? \_\_\_\_\_

What does the child eat for breakfast? \_\_\_\_\_

Does the child and/or other family members follow a special diet? \_\_\_\_\_

What foods does the child like most? \_\_\_\_\_

Least? (any strong dislikes of salty, spicy, sour?) \_\_\_\_\_

What meals does child have with entire family? \_\_\_\_\_

What time are the meals? \_\_\_\_\_

Describe regular chores your child may have: \_\_\_\_\_

Describe your child's temperament: \_\_\_\_\_

Describe what you do when your child does not meet your standards of behavior: \_\_\_\_\_

What time does your child go to sleep on weekdays? \_\_\_\_\_ Weekends? \_\_\_\_\_

Describe the bedtime ritual: \_\_\_\_\_

Does the child fall asleep easily? \_\_\_\_\_ Does child sleep easily through the night? \_\_\_\_\_

Describe any recurring nightmares or dreams: \_\_\_\_\_

Describe how your family spends time together: \_\_\_\_\_

Describe your family's weekend activities: \_\_\_\_\_

What does your child like to do with her/his mother? \_\_\_\_\_

With her/his father? \_\_\_\_\_

What holidays does your family celebrate? \_\_\_\_\_

Describe home life or attitudes that you consider to be different or unique: \_\_\_\_\_

## PLAY LIFE

Does your child use a computer/computer games? \_\_\_\_\_ How often? \_\_\_\_\_

Does your child watch TV or videos? \_\_\_\_\_ How often? \_\_\_\_\_ How long? \_\_\_\_\_

What kind of music do you and your child listen to at home? \_\_\_\_\_

Do you play radio/tapes while in the car/train/bus? \_\_\_\_\_

Are you willing to limit your child's viewing and listening time? \_\_\_\_\_

Describe the physical activities your child enjoys: \_\_\_\_\_

What does your child do after school? \_\_\_\_\_

Who is with your child at this time? \_\_\_\_\_

If child has siblings, describe their relationship and play: \_\_\_\_\_

Does your child have pets? \_\_\_\_\_

Does your child have friends in your neighborhood? \_\_\_\_\_ What are their ages? \_\_\_\_\_

Describe their relationship and play: \_\_\_\_\_

Does your child have imaginary playmates? \_\_\_\_\_ Describe and give names: \_\_\_\_\_

Does your child like playing alone? \_\_\_\_\_

Describe their play: \_\_\_\_\_

What kind of play and toys does she/he enjoy most? \_\_\_\_\_ Least? \_\_\_\_\_

Is there a special toy or doll? \_\_\_\_\_

Describe your child's outdoor play environment: \_\_\_\_\_

Is there anything you feel is pertinent to your child's biography that has not been covered above, e.g. special abilities, physical characteristics, behavioral, medical or emotional problems, academic strengths/weaknesses?

## SIBLING INFORMATION

Name

Birth Date

Gender (M/F)

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## EMERGENCY MEDICAL TREATMENT

In case of emergency, you will always be informed before the child is taken to a hospital and consulted if a vaccine or blood transfusion is suggested by the hospital.

## INDEMNITY NOTICE EMERGENCY MEDICAL TREATMENT

I shall at all times hereafter keep the school indemnified against all actions, claims, proceedings, costs, and expenses in respect of personal injury to and loss or damage to property belonging to, the student arising out of any expedition or transport facilities provided or arranged by the school.

## DECLARATION BY PARENT OR GUARDIAN

I agree to these conditions of entry and to all other conditions stated or implied within these forms.

Printed Name (parent or guardian): \_\_\_\_\_

Signature (parent or guardian): \_\_\_\_\_ Date: \_\_\_\_\_

## AGREEMENT

I, \_\_\_\_\_  
PRINT MOTHER'S FULL NAME

In my capacity as mother (or specify relationship) agree to the terms and conditions set forth by this acceptance.

Residential Address:

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Postal Address:

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Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Mobile phone: \_\_\_\_\_

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

Signature: \_\_\_\_\_

I, \_\_\_\_\_  
PRINT FATHER'S FULL NAME

In my capacity as father (or specify relationship) agree to the terms and conditions set forth by this acceptance.

Residential Address:

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Postal Address:

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Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Mobile phone: \_\_\_\_\_

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

Signature: \_\_\_\_\_

# ACCEPTANCE OF PLACE

Date of Admission: \_\_\_\_\_ Class: \_\_\_\_\_  
D/M/Y

Child's Name: \_\_\_\_\_  
First Middle Last

Date of Birth: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
D/M/Y

To be signed and returned together with a non-refundable application fee of Kshs 5,000/.

I / we \_\_\_\_\_ accept a place at the Nairobi Waldorf  
PARENT NAME(S)

School Trust for \_\_\_\_\_ . I acknowledge having read and understood the  
CHILD'S NAME  
statement of conditions of entry and agree to be bound by the provisions, summarizing:

1. That I/we are jointly and severally liable for all fees and charges relating to our above mentioned child, whether or not he/she attends school, and that, if we wish to withdraw our child from the school at any time, a 3-month written notice is required, or alternatively, a fee equivalent to a term's fee will be leveled. This is applicable regardless of the reason for withdrawal;
2. That school fees paid per term must be received in full no later than the first Friday after the first day of school each term. An administration fee of Kshs 5,000/ per child will be charged for outstanding balances pas the above deadline. All school fees then must be paid in full no later than the second Friday after the first day of each term;
3. That I/we are aware that the school holds normal accident insurance covering certain accidents and injuries sustained on the school premises or on school outings, but to a limit of Kshs 100,000/ per year per child. I/we expressly indemnify and hold harmless the school, its Board of Trustees, its employees, and its volunteers against any claim arising from any cause including but not limited to: injury, loss, or damage which any pupil or visitor that I/we introduce to the school may suffer;
4. That admission from kindergarten to primary school is not automatic. Any child turning 6 years of age on or prior to the 30th of November of a given year will be assessed for class one readiness during term II of the current school year. Upon successful assessment, the child will then be admitted to class one commencing the following school year. Any child turning 6 years of age after the 30th of November of a given year will not be assessed for class one readiness and will not receive class one admission for that year. The Nairobi Waldorf School Trust reserves the right of admission;
5. That should the Board of Trustees decide to institute legal proceedings against me/us, because of my/our failure to meet my/our obligations under this agreement, I/we will be held liable for all legal costs, including collection of commission and fees between advocate and client;
6. That no purported termination or variation of this agreement shall be on any force and effect unless reduced to writing (or acknowledges as received, in the case of notice of termination) and signed by both parties.

Signed: \_\_\_\_\_ Signed: \_\_\_\_\_  
MOTHER'S SIGNATURE FATHER'S SIGNATURE

On this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_ On this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Mother/guardian: \_\_\_\_\_ Father/guardian: \_\_\_\_\_  
MOTHER'S NAME FATHER'S NAME

Signed: \_\_\_\_\_  
SIGNED BY A REPRESENTATIVE OF THE NAIROBI WALDORF SCHOOL TRUST

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_  
REPRESENTATIVES NAME D / M / Y



## BIO MEDICAL INFORMATION

Medical information will be stored in the student file for use in emergencies and all data will be kept confidential. Parents / guardians will always be informed before a child is taken to the hospital and consulted if an injection and/or blood transfusion is suggested by the hospital.

CHILD'S NAME / DATE OF BIRTH	
MOTHER'S NAME / TELEPHONE NUMBER	
FATHER'S NAME / TELEPHONE NUMBER	
EMERGENCY CONTACT / TELEPHONE NUMBER	
LATEST TETANUS JAB	
BLOOD TYPE	
PREFERRED HOSPITAL / PREFERRED DR. / TELEPHONE NUMBER	
PREFERRED PAINKILLER MEDICATION (PANADOL / HOMEOPATHIC / ETC)	
ALLERGIES	
OTHER MEDICAL INFORMATION	

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



## ILLNESS POLICY

Please use good judgement when sending your child to school. Children thrive only when they are well and able to participate in activities. Any child who has upon waking, or is sent home with, a fever of 38 C / 100.4 F must remain home for 24 hours. NO EXCEPTIONS.

To avoid the spread of communicable diseases, any child who develops fever, rash, vomiting, or diarrhea during school hours will be isolated from others and a parent or guardian will be called to collect the child immediately.

Do not send your child to school if they exhibit any of these symptoms:

- Fever (38 C / 100.4 F)
- Vomiting
- Diarrhea or blood in stool
- Rash
- Rash with mouth sores and / or blisters on hands, feet, or diaper area
- Severe runny nose or sneezing
- Runny nose with cough / sore throat / body aches / decreased appetite / lethargy
- Sore throat
- Cough if barking / spasmodic or accompanied by weight loss
- Pink eye(s) with discharge or crusting
- Drooling with mouth / lip sores
- Swelling / pain of cheeks or salivary glands

Your child may return to school if they are:

- Fever free for 24 hours
- Without vomiting for 24 hours
- Without diarrhea for 24 hours
- Confirmed by a physician to have a non-contagious rash after 24 hours
- 2 weeks past the onset of rash AND fever with mouth / hand / feet / diaper sores
- Experiencing decreased severity of runny nose or sneezing
- Experiencing improved symptoms of reduced runny nose / sore throat / other symptoms
- 48 hours into antibiotic treatment or confirmed by a physician to be non-contagious
- Confirmed by a physician to not / no longer have Croup of Whooping Cough
- Confirmed by a physician that TB has been ruled out following cough and weight loss
- 48 hours into antibiotic eye drop treatment AND experiencing a resolution of pink eye
- Free of drooling and mouth sores or confirmed by a physician to be non-contagious
- 5 days past the onset of swelling / pain of cheeks or salivary glands



## EBOLA

In general, the risk for Ebola at our school and for our students is extremely low. Initial symptoms of Ebola include fever, headache, swollen glands, red eyes, stomach pain, diarrhea, vomiting, sore throat, lethargy, and joint and muscle aches.

Any individual with Ebola is NOT contagious until they display symptoms. Ebola is spread through contact with bodily fluids (or surfaces contaminated with bodily fluids) such as sweat, blood, vomit, urine, and feces.

Any child with a fever will be isolated and sent home immediately as a matter of school policy. Parents should assess a travel and contact history. If a child has traveled to a known Ebola epidemic area, they should remain home for 21 days after return. If a child has been in contact with an individual who has traveled to an Ebola epidemic area and the traveller then became ill, the child should remain home until the illness is determined NOT to be Ebola.

## HYGEINE EXPECTATIONS

Children are encouraged to practice good hygiene at home and in school. Age-appropriate expectations include frequent hand washing (with soap!) and clean up of class surfaces and food preparation areas. Personal responsibility includes proper flushing of toilets and helping to maintain clean school bathrooms. Children should use tissues or a handkerchief during times of allergies or dust and cover their mouths when sneezing or coughing using the crook of their elbow. Please help keep the school safe and healthy by teaching your children these basic practices.

The school will maintain clean, hygienic classrooms, bathrooms, lunch rooms, food preparation surfaces and equipment through daily cleaning. All staff will model good hygiene practices through proper hand washing and sneeze / cough etiquette.

I / we \_\_\_\_\_, the parent(s) / guardian of  
PARENT / GUARDIAN NAME(S)  
child \_\_\_\_\_ have read, understood, and agree to the school health  
CHILD'S NAME  
policies and I / we agree to keep our child home following any symptoms and / or pick my / our child  
immediately upon illness notification.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



## OFF CAMPUS RELEASE

The Nairobi Waldorf School Trust offers many opportunities for our students to experience the world outside of our school campuses. These trips may include visits to local outdoor venues (walking trails, farms, parks), indoor destinations (shops, factories, businesses), overnight stays (camping, hotels, safaris), and various sporting-related events. The school will ensure that parents will be notified in writing of any upcoming trips a minimum of two weeks in advance.

I/we \_\_\_\_\_, do not object to my/our  
PARENT / GUARDIAN NAME(S)

child \_\_\_\_\_ attending curriculum related activities off campus.  
CHILD'S NAME

I/we also do not object to the school arranging for either private (parent) and/or public (school bus) vehicles to transport the children to their destination provided that all vehicles used are in safe condition and are safely driven. On any private transportation provided, the school will take special care in ensuring that safety features such as seat belts are in place and that the car is in good condition. Parents will be informed about the use of private cars ahead of time after the vehicles have been properly vetted.

I/We understand that the accompanying teacher and the school administrator are responsible for ensuring that all of the school's safety measures have been followed, including:

1. Ensuring that the vehicles involved are road worthy; teachers and/or staff will check that all passengers are wearing functioning seat belts for the entire journey; and that the drivers are reminded about road safety and drive carefully.
2. A fully stocked first aid kit will be taken; the accompanying teacher will be trained in first aid and hold a valid first aid certificate; and that the emergency contact and medical details for all children will accompany the teacher.
3. Ensuring that the teacher and/or staff have checked the safety of all facilities and environs at the destination venue in advance of the trip; that the accompanying teacher will supervise the students for the duration of the trip; that they will take immediate action to prevent the children from using any items that are found to be unsafe; and that they will report any safety issues to the school promptly.

On the understanding that all of the above precautions are taken for the trip, I/we will not hold the school liable for any accidents that may occur to my/our child.

I/we am/are aware that the school holds personal accident insurance covering accidents and injuries sustained on the school premises or on school outings. I/we expressly indemnify and hold harmless the school, its Board of Trustees, its employees, fellow parents and volunteers, and fellow students against any claim arising from any cause including but not limited to injury, loss, or damage of which my/our child may suffer while on a school outing.

I/We agree to inform the accompanying teacher in advance of any allergies or injuries from which my/our child suffers or if my/our child requires any medication for the duration of the trip.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

This form will be kept on file and will be considered active through the duration of your child's enrollment on campus.

## **NWST PHOTO RELEASE CONSENT FORM**

The Nairobi Waldorf School Trust promotes the NWST's Community achievements through various media channels, including publications, website, social media, and marketing materials. To ensure compliance with the Data Protection Act of 2019, we require parental consent to share student images, videos, or interviews. We prioritize student safety and security, and will not associate a student's name or identity with their likeness without explicit consent.

We request all parents to sign the attached consent forms, which allow us to share student images and content. If you decline consent, please submit a current photo of your child for our records. **We emphasize that photos shared on our class WhatsApp groups are for parents' eyes only and should not be shared on public social media platforms.** This photo release form applies to all content collected and posted by the Nairobi Waldorf School Trust.

**Please fill in your details and tick the appropriate box where applicable**

I grant permission for the School to use images of my child(ren) in:

- **School publications (yearbooks, newsletters)**
- **School website/social media (with strict privacy settings)**
- **Promotional materials (brochures, flyers)**

Understanding:

- **Images will be used solely for school-related purposes**
- **The School will not share or disclose personal data without consent**
- **I may request access, deletion, or modification of images at any time**
- **I may withdraw my consent at any time**

I do not grant permission for the School to use images of my child(ren) in:

- **School publications (yearbooks, newsletters)**
- **School website/social media (with strict privacy settings)**
- **Promotional materials (brochures, flyers)**

### **Privacy and Data Protection:**

The School will comply with applicable data protection regulations and laws, ensuring secure storage and limited access to images.

**I have read and understood this consent form.**

Parent/Guardian Name: \_\_\_\_\_

Child's Name & Class: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**NOTE:** The form will be updated after every two years. If a situation arises that may change your child's status regarding publicity, please notify Marketing and Communications at [marketing@nairobiwaldorfschool.ac.ke](mailto:marketing@nairobiwaldorfschool.ac.ke)