



LAKOTA
Waldorf School

Pine Ridge Indian Reservation, Three Mile Creek
P.O. Box 527 Kyle, South Dakota 57752, USA
Phone: + 605 455-2487 • info@lakotawaldorfschool.org
www.lakotawaldorfschool.org

Application for Admission

School Year 2022-2023

Date of Application: _____

I would like to register my child into:

- | | | |
|--|--|--|
| <input type="checkbox"/> Kindergarten | <input type="checkbox"/> 3 rd grade | <input type="checkbox"/> 6 th grade |
| <input type="checkbox"/> 1 st grade | <input type="checkbox"/> 4 th grade | <input type="checkbox"/> 7 th grade |
| <input type="checkbox"/> 2 nd grade | <input type="checkbox"/> 5 th grade | <input type="checkbox"/> 8 th grade |

Child's Name: _____

FIRST

MIDDLE

LAST

Male: _____ Female: _____ Month/Date/Year of Birth: _____ Age: _____

School now attending (if applicable): _____

Schools previously attended (if applicable): _____

CONTACT INFO: For Mother or Primary Guardian

Mother/Guardian's Full Name: _____

Email Address (for school notifications): _____

Physical Home Address: _____

Address for School Pick-up & Drop-off (Please list only ONE location.) _____

DIRECTIONS FOR BUS: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

Business Address: _____

Occupation: _____ Work Phone: _____

Interests, Hobbies, and Talents: _____

CONTACT INFO: For Father

Father/Guardian's Full Name: _____

Physical Home Address: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

Business Address: _____

Occupation: _____ Work Phone: _____

Interests, Hobbies, and Talents: _____

OTHER INFO

How many brothers? _____ Age(s): _____ How many sisters? _____ Age(s): _____

Is Lakota spoken at home? _____ All the Time _____ Sometimes _____ Never

Questions Regarding Family Involvement

Name of Child: _____

1. How did you hear about the Lakota Waldorf School?
2. The Lakota Waldorf School is a parent participation school. Parents are expected to become actively involved in the school community. On what level do you envision participation in the life of the school? (Class activities, fundraisers, committee work, festival celebrations, and extra-curricular activities)
3. Do you have any questions about the school or Waldorf education? (Please use separate sheet of needed).
4. What does your child love to do the most?
5. Describe your child's way of playing.

Health Information

Name of Child: _____

PRESENT HEALTH STATUS

Date of Child's Last Medical Visit: _____ Health Status of Child: _____

Has child had any dental work? _____ Date/Year child lost their first tooth: _____

Would you consider the health of your child as: Excellent Very Good Fair Poor

Comments: _____

Does your child have any learning problems? If so, please describe. _____

HISTORY OF ILLNESS

Was there anything unusual in your child's development (including accidents, injuries, etc.)? If so, what and when?

Are there any serious illnesses in the family's history? If yes, please explain. _____

Has your child experienced problems with:

Eyes____

Respiratory____

Speech____

Ears____

Movement____

Feet____

Skin____

Digestion____

Coordination____

High fevers ____

Headaches____

Allergies____

Has the child been immunized? __YES__NO

***Please provide a copy of the recent Immunization record along with this application.**

What illnesses has your child had up to the present?

Diphtheria Scarlet Fever Chicken Pox Measles RSV. Other: _____

What surgeries has your child had? Please list the date and type of any surgery (if applicable): _____

Does your child have any allergies i.e. food, pollen, material, bug bites? __YES __NO

If yes, please describe his/her allergic reaction and the remedy to treat. _____

Does your child need to keep any medication with them for this allergy? __YES __NO

If yes, please describe what kind of medication, correct dosage, and Doctor's statement. _____

How is your child's current emotional health? Describe any problems or issues. _____

Does the child have any special fears or needs? _____

Describe any habits (thumb sucking, nail biting, hair twisting, etc.). _____

Has your child undergone psychological/developmental treatment or testing? __YES __NO

Describe the child's relationship to his/her sibling's. _____

Describe how your child wake up? Dreamy Cheery Full of Energy Crabby Other _____

What is your child's bedtime? _____ on weekday's _____ on weekends

What time does your child usually wake up? _____ on weekday's _____ on weekends

What are your child's favorite foods? _____

Least Favorite foods? _____

Average hours of television viewed: Weekdays? _____ Weekends? _____

Average hours of DVD's viewed: Weekdays? _____ Weekends? _____

Average hours of music: Weekdays? _____ Weekends? _____

EARLY HISTORY

Briefly describe pregnancy. Were there any complications during pregnancy? _____

Were there any complications during childbirth? (Premature, induced, overdue, forceps, caesarean, jaundice, blood transfusion, etc.)

Birth Weight of Child: _____ Hospital birth? __YES __NO Home birth? __YES __NO

Breast Fed? __YES __NO If yes, how long? _____

Were there any drugs, alcohol or medications used just prior to, during pregnancy or childbirth?

Has the child ever been separated from mother for any reason? __YES __NO

If yes, at what age? _____ How long? _____

As an infant, did your child have any falls from a highchair, diaper table, etc.? __YES __NO

As an infant, was the child a sound sleeper? __YES __NO

At what age did they begin: Crawling? _____ Walking? _____ Speaking? _____ Toilet trained? _____

Did the child crawl or shuffle along on his/her bottom? __YES __NO Did they wet the bed? __YES __NO

Was a baby bounce apparatus swing or walker used? __YES __NO



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PHOTO RELEASE FORM

School Year 2022-23

LWS Kindergarten through 8th Grade

By signing this form, I give Lakota Waldorf School permission to publish or use photographic portraits or pictures of me or my child, along with me or my child's name for art, advertising, trade, public information, or any other lawful purpose.

I waive inspecting and/or approving the finished product or the copy that is used in connection with the publication.

I release Lakota Waldorf School from any liability incurred with the use of my photograph or reproduction thereof. All of the terms of this release shall be referred to as "PHOTO RELEASE" herein.

NOTE: For minors, a signature is required by BOTH the minor and parent/legal guardian.

I do NOT agree to the terms of the PHOTO RELEASE. (If you checked this box, then do not sign below)

I agree to the terms of the PHOTO RELEASE. (If you checked this box, then please date and sign below)

NAME OF CHILD: _____
(Please Print)

SIGNATURE OF PARENT/GUARDIAN: _____
(Please Print)

DATE: _____



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Authorization Form School Year
School Year 2022-23

Name of Child: _____

DIRECTIONS: Please circle "Yes" or "No" for each sentence below.

Yes or No I authorize for my child to accompany his/her class on LWS fieldtrips. All children will be supervised by staff.

Yes or No I authorize for the Lakota Waldorf School to transport my child for all program purposes.

Yes or No I authorize the Lakota Waldorf School to use photographs of my child on the school website and Facebook page, and in school newsletters, flyers, fundraising materials, and other publications in connection with the school.

Consent for Emergency Medical Treatment

As the parent or authorized representative, I hereby give consent to _____
(Name of Faculty) to obtain all emergency medical or dental care prescribed by a duly licensed Physician (M.D.), Osteopath (D.O.), or dentist (D.D.S.) for _____ (Name of Child).
This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of the child names.

The child has the following medication allergies: _____

Signature of Parent/Authorized Representative: _____

Date: _____



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YouTube Permission Form
School Year 2022-23

Dear Parents/Grandparents and Guardians,

The Lakota Waldorf School is a Non-profit-organization that operates entirely on grants and donations. We are supported by donors from all around the world who make our school possible through their generosity, as well as foundations from the USA and Europe. So far, we do not receive recurring contract support funding or grants from either the State, Tribe, or Federal governments. It was always important for us to stay independent. We work continuously to raise funds from outside the reservation and have been largely successful since the foundation of the school in 1993.

This school year of 2020/21 we would like to continue our fundraising project: We will film different activities in our school, make a small documentary series and post an episode on YouTube. Since we are located in a very remote area our most important communication is the internet and we hope with this new project we will reach a growing supporting community which will lead to new and increased donations. The episodes will be short (approx. 10-15 min. each), showing classroom activities, the children painting, playing, learning, introducing the staff, which we are and what we do. At the end of each episode will be a short message asking people to donate and support our school. In future years we will need to build new school buildings, a new campus, and we will need more teachers. Also, parents will be able to observe and follow their children's school day through the videos, but first of all we would like to ask parents and guardian for permission to film your child.

If you have questions, please feel free to call our office: 605-455-2487. **Pilámaya (Thank You)!**

Please return this slip back to the school.

I, parent/guardian of: _____ (child's name) agree and allow LWS to film my children in school and post the episodes on YouTube, I understand this is a fundraising activity and that the school will give no personal information's (such as an address) out.

Signature Parent/Guardian: _____ **Date:** _____



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Child Pick-Up Authorization Form
School Year 2022-23

Child's Name _____

The following person(s) are authorized to pick up my child. No one will be allowed to pick up my child without prior permission in the form of written consent or updates made through parent/guardian. Unknown contacts will be asked to identify themselves with proper ID (i.e. a state issued license or Tribal ID) upon arrival.

Name (first and last)	Phone #	Relationship to Child

Person(s) **NOT** authorized to pick up child:

Name (first and last)	Phone #	Relationship to Child

Parent Signature: _____ Date: _____

