



**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 2024-2025

Date of Application: \_\_\_\_\_

I would like to register my child into:

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

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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 2024-25

LWS Kindergarten through 8<sup>th</sup> 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 2024-25

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 2024-25**

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 2023/24 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)!**

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**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 2024-25**

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: \_\_\_\_\_



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## Sweat Lodge / Inikagapi Form

### School Year 2024-25

Lakota Waldorf School Mission Statement – The mission of the Lakota Waldorf School is to provide a Waldorf education integrated with Lakota language and culture. Lakota children learn to create positive futures for themselves and their communities. Based on Waldorf principles, our goal is to develop intellectual, social, emotional, physical and spiritual capacities of the developing child through an age-appropriate curriculum.

Lakota Waldorf is going to implement and offer the Sweat Lodge Ceremony to our students and families. We understand that this is a Cultural Spiritual Ceremony with many different teachings and variations depending on Families, Circles, Tiospaye na Tiwahe.

\*In no way shape or form are we trying to recruit or preach a one-way view of the Culture. We will be conducting these ceremonies in hopes of sharing language and culture with your children. Everything will be done in a respectful traditional manner, with safety and your child’s best interest.

No child will be forced to participate. If the child does not want to participate there are many other ways to be helpful and involved. For example, filling water buckets, helping with fire and rocks, helping with feast, so on and so forth. Girls will have an opportunity to make sweat dresses in class, boys will wear shorts and towels will be provided for all.

PLEASE SIGN by completing one option below:

I, \_\_\_\_\_, allow my child, \_\_\_\_\_, to participate.

YOUR NAME

YOUR CHILD’S NAME

I, \_\_\_\_\_, allow my child, \_\_\_\_\_, to **partially** participate.

YOUR NAME

YOUR CHILD’S NAME

I \_\_\_\_\_, do **NOT** allow my child, \_\_\_\_\_, to participate.

YOUR NAME

YOUR CHILD’S NAME

Comments: \_\_\_\_\_