

### Grade School Application

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_\_\_\_

Grade \_\_\_\_\_ Applying for start date of \_\_\_\_\_

**Parent/Guardian 1:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Occupation \_\_\_\_\_

(If stay-at-home parent, also include prior occupation)

Employer \_\_\_\_\_

Home Phone \_\_\_\_\_

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

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

**Parent/Guardian 2:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Occupation \_\_\_\_\_

(If stay-at-home parent, also include prior occupation)

Employer \_\_\_\_\_

Home Phone \_\_\_\_\_

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

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

**Child's current & previous school(s) and/or childcare experiences**

Name of Facility	Address	Phone #	Dates/Grades of Attendance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Current teacher's name and phone number \_\_\_\_\_

**I hereby give Sanderling Waldorf School permission to phone and/or request records from my child's previous/current school and/or childcare provider.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

*For Office Use Only: Date Application/Fee Rec'd \_\_\_\_\_ Date of Interview \_\_\_\_\_ Status \_\_\_\_\_ Date of Acceptance \_\_\_\_\_ Date Reg. Fee Paid \_\_\_\_\_ Start Date \_\_\_\_\_*

**Family Profile:**

Please list names and ages of other children in the family:

Name	Age/DOB	School
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

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

Do other adults live at home (relatives, foreign students, etc.) \_\_\_\_\_

Do both parents reside in the home? \_\_\_\_\_ If not, describe child's living situation \_\_\_\_\_

\_\_\_\_\_

When does Parent 1 spend time with child? \_\_\_\_\_

When does Parent 2 spend time with child? \_\_\_\_\_

What language is spoken in the home? \_\_\_\_\_

What language(s) do the children speak? \_\_\_\_\_

Parent 1? \_\_\_\_\_ Parent 2? \_\_\_\_\_

**Medical History:**

Describe mother's pregnancy & child's birth

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

Describe significant illnesses child has had (type, age, severity)

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

Was your child ever hospitalized? Please describe: \_\_\_\_\_

\_\_\_\_\_

Ear Problems: Ear infections (frequency & severity)

\_\_\_\_\_

How many before age 5? \_\_\_\_\_ Has hearing been checked by a physician? \_\_\_\_\_ When? \_\_\_\_\_

Eye problems: Eye infections? \_\_\_\_\_ Has vision been checked by a physician? \_\_\_\_\_ When? \_\_\_\_\_

Wears glasses? \_\_\_\_\_ Since when? \_\_\_\_\_

Allergies:

Food? \_\_\_\_\_ Environmental? \_\_\_\_\_

Other:

\_\_\_\_\_

Symptoms \_\_\_\_\_ Frequency \_\_\_\_\_

Does your child take any medication? \_\_\_\_\_ If so, what kind? \_\_\_\_\_

Dosage? \_\_\_\_\_ How long has your child been on this medication? \_\_\_\_\_

Does your child have any challenges of which the teacher should be aware? Please describe:

\_\_\_\_\_

\_\_\_\_\_

Comments

\_\_\_\_\_

\_\_\_\_\_

**Developmental History:**

Hand preference: (circle) Right / Left / Both

Did adults influence choice? \_\_\_\_\_

Can your child:

Ride a bicycle? \_\_\_\_\_ Jump rope? \_\_\_\_\_ Skate? \_\_\_\_\_ Skip? \_\_\_\_\_ Swim? \_\_\_\_\_ Throw & catch a ball? \_\_\_\_\_

Child's hobbies?

\_\_\_\_\_

\_\_\_\_\_

Does your child engage in any extracurricular activities (musical, religious, academic, sports, artistic, other)?

\_\_\_\_\_

\_\_\_\_\_

How would you describe your child's temperament?

\_\_\_\_\_

\_\_\_\_\_

Is there anything in your child's developmental history of which the teacher should be aware? Please explain:

\_\_\_\_\_

\_\_\_\_\_

**Play:**

What physical activities does your child enjoy?

\_\_\_\_\_

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

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

\_\_\_\_\_

Does your child like playing alone? \_\_\_\_\_ What type of play does s/he enjoy most? \_\_\_\_\_

\_\_\_\_\_

Least? \_\_\_\_\_

Describe play \_\_\_\_\_

\_\_\_\_\_

What is your children's outdoor play environment?

\_\_\_\_\_

\_\_\_\_\_

Please describe any programs, playgroups, etc. that your child has been involved in:

\_\_\_\_\_

\_\_\_\_\_

**Home & Family Rhythms:**

What time does child awake in morning on weekdays? \_\_\_\_\_ weekends? \_\_\_\_\_

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

What does your child generally eat for breakfast? \_\_\_\_\_

Do you or your child follow any special diet?

\_\_\_\_\_

Does your child have any strong likes or dislikes (sweet, salty, spicy, sour?) \_\_\_\_\_

Does your child have regular chores? \_\_\_\_\_ If so, what are they?

\_\_\_\_\_

What time does child go to bed on weekdays? \_\_\_\_\_ What, if any, is the bedtime ritual?

\_\_\_\_\_

\_\_\_\_\_

What activities does your family do together that your child enjoys?

\_\_\_\_\_

\_\_\_\_\_

Describe your home life and/or attitudes that you consider to be unique.

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Does your child and/or family have a religious practice you would like to describe?

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What festivals and holidays does your family celebrate?

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Would you be interested in working with the teacher to bring these festivals or holidays to class? \_\_\_\_\_

Do your children use a computer or computer games? \_\_\_\_\_ If so, how often? \_\_\_\_\_

Do your children watch TV or videos? \_\_\_\_\_ If so, how often? \_\_\_\_\_ How long? \_\_\_\_\_

Which programs?

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What kind of music do you and your children listen to at home?

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Are you willing to limit your children's viewing & listening time?

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Do your children have pets? \_\_\_\_\_ If so, what kind(s)? \_\_\_\_\_

Is there anything you feel is pertinent to your child's biography that has not been covered above (e.g., special interests or abilities, physical characteristics, or anything that will help the teacher better understand his/her curriculum needs)?

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What brought you to Waldorf education and why did you choose this approach to educating your child?

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Active participation by parents is essential to the life of Sanderling Waldorf School. How is your family willing to support our school? What talents and abilities do you have that may be helpful to our school?

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Parent signature \_\_\_\_\_ Date \_\_\_\_\_

**A nonrefundable fee of \$75 must accompany this application.**

- A parent interview will be scheduled after the application and fee have been received.
- A student/teacher meeting may be required.
- For mid-year enrollment, students must come for a “visit week” during which they participate in the class for which they are applying.
- Final acceptance decision is made by the class teachers and is based upon the interviews; results of the visit week; and the family’s willingness to support the Waldorf educational philosophy.
- Enrollment in the school is based on the school’s ability to meet the needs of the child.
- Our programs work best when families work together with the school in providing a healthy, nurturing environment.

Applicants are considered for admission without regard to race, sex, color, national or ethnic origin.