

# Application for Grades Enrollment

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



## Applicant Information

Applicant's last name: \_\_\_\_\_

First name: \_\_\_\_\_ Prefers to be called: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Applicant's current age: \_\_\_\_\_ Desired entry date: \_\_\_\_\_

### Please list all of the schools that your child has attended:

Name of current school: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Attended since: \_\_\_\_\_ Phone Number: \_\_\_\_\_ School District: \_\_\_\_\_

### Previous schools (if applicable)

Name of school: \_\_\_\_\_ Grade: \_\_\_\_\_

Mailing address: \_\_\_\_\_

When attended: \_\_\_\_\_ Phone Number: \_\_\_\_\_ School District: \_\_\_\_\_

## Family Information

Parent / Guardian 1 \_\_\_\_\_  
*(first and last names)*

Relationship to the applicant \_\_\_\_\_

Address \_\_\_\_\_

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

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

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

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

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

Applicant lives in this household  Yes  No

*This parent / guardian lives in*  Same  Different Household

Parent / Guardian 2 \_\_\_\_\_  
*(first and last names)*

Relationship to the applicant \_\_\_\_\_

Address *(if different)* \_\_\_\_\_

Home phone *(if different)* \_\_\_\_\_

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

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

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

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

Applicant lives in this household  Yes  No

### Adults in this household are:

- Married  Divorced
- Partnered  Widowed
- Separated

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If necessary, please clarify custody, living and visitation arrangements: \_\_\_\_\_

Is there agreement in the family regarding school choice?  Yes  No

## Home and Family Rhythms

What languages are spoken at home? \_\_\_\_\_ What activities does your family do together that your child enjoys? \_\_\_\_\_

Festivals celebrated by family: \_\_\_\_\_

Does your child take part in physical activities, organized sports, lesson or classes?  Yes  No

If yes, please describe: \_\_\_\_\_

What kind of play does your child enjoy most and least? \_\_\_\_\_

Does your child use a computer or play computer games?  Yes  No If yes, how often? \_\_\_\_\_

Does your child watch TV or videos?  Yes  No If yes, which programs? \_\_\_\_\_

Time spent watching television daily: \_\_\_\_\_ Time spent in computer use daily: \_\_\_\_\_

Does the student attend movies and/or play video games?  Yes  No If yes, how often? \_\_\_\_\_

Would you be willing to limit screen time?  Yes  No

What responsibilities does your child have in your home? \_\_\_\_\_

How do you discipline your child? \_\_\_\_\_

How does your child react when frustrated or upset? \_\_\_\_\_

What does your child do when displeased with another child? \_\_\_\_\_

How would you describe your child's personality? \_\_\_\_\_

Please describe your child's relationships with others (*classmates, teachers, etc.*): \_\_\_\_\_

## Background Information

Strong areas in school: \_\_\_\_\_

Weaker areas in school: \_\_\_\_\_

Does the student play a musical instrument?  Yes  No If yes, which one(s)? \_\_\_\_\_

What aspect(s) of Waldorf Education are most important to you and how do you think they can benefit your child? \_\_\_\_\_

What influenced your decision to apply to the Waldorf School of Philadelphia:

## Health Information

Pregnancy: Normal  Yes  No If no, please explain: \_\_\_\_\_

Birth (*describe*): \_\_\_\_\_

Any physical problems at birth? \_\_\_\_\_

If adopted, at what age: \_\_\_\_\_ Age of crawling: \_\_\_\_\_ Walking: \_\_\_\_\_ Speaking: \_\_\_\_\_

Second Teeth: \_\_\_\_\_ When did child first speak words or sentences? \_\_\_\_\_

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

Allergies: \_\_\_\_\_

Current medications: \_\_\_\_\_

Any injuries sustained: \_\_\_\_\_

Does your child follow any special diet?  Yes  No If yes, explain: \_\_\_\_\_

Foods preferred: \_\_\_\_\_ Eating habits: \_\_\_\_\_

Sleeping habits: \_\_\_\_\_

## Other Information

Which other schools are you seriously considering? \_\_\_\_\_

Is your family associated with a Waldorf School? If so, which one? \_\_\_\_\_

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## References

If your child is currently attending another school please complete and return the appropriate Teacher Recommendation Form which can be found on our website.

### STUDENTS APPLYING FOR GRADES FIVE THROUGH EIGHT ONLY

Students applying for grades five through eight are required to submit two short, **handwritten** essays that answer the following questions in his/her own words:

- What are your special interests (*music, art, sports, hobbies, etc.*)?
- Please list three books that you've read recently and express your opinions about them?

## Financial Aid and Tuition

A limited amount of tuition assistance is available to children who will be 5 years old by June 1st and to all children in the grades. Do you anticipate requiring financial aid?  Yes  No

Who will be responsible for paying tuition? (full names) \_\_\_\_\_

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## Signature

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Date

By signing this application, you affirm that all information provided is accurate, to the best of your knowledge.

Once the following checklist is complete, we can begin processing your application:

- Request Teacher Recommendation.
- Return the completed application form, and two essays if applicable, with your non-refundable fee of \$60.00 payable to *The Waldorf School of Philadelphia*.
- Attach a recent photograph of your child..