



## Application Elementary/Jr. High

School year applying for: \_\_\_\_\_ Requested date of entry: \_\_\_\_\_ or ASAP

The Waldorf School of Bend admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admission policies, scholarship and loan programs, and athletic and other school administered programs.

### Student

Student's Full Legal Name: \_\_\_\_\_  Male  Female

Student's Preferred Name: \_\_\_\_\_ DOB (mm/dd/yyyy): \_\_\_\_\_ Grade Applying For: \_\_\_\_\_

### Parent/Guardian 1

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

### Parent/Guardian 2

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

How long have you lived in the area? \_\_\_\_\_

How did you hear about the Waldorf School of Bend? \_\_\_\_\_

How familiar are you with Waldorf education? \_\_\_\_\_

How long do you expect your child to be at Waldorf School of Bend? \_\_\_\_\_

Why have you brought your child to Waldorf School of Bend? What would you like to see your child receive from his/her school experience? \_\_\_\_\_

### Family Relationships

With whom does the student live? (Name and relationship; describe the student's daily living arrangement) \_\_\_\_\_

Siblings (name, age, grade, school) \_\_\_\_\_

Are other adults residing in the home that your student resides in? (Please explain) \_\_\_\_\_

**School/Academic History** (If your child has not attended any other school please indicate not applicable (NA).

Schools attended (including WSB; please include dates and grades) \_\_\_\_\_

Name of most recent teacher: \_\_\_\_\_ Phone: \_\_\_\_\_

Subject most enjoyed: \_\_\_\_\_

Subjects least enjoyed: \_\_\_\_\_

Academic strengths: \_\_\_\_\_ Academic challenges? \_\_\_\_\_

Activities outside of school (hobbies, sports, classes, other): \_\_\_\_\_

Describe student's social behavior with peers: \_\_\_\_\_

Artistic interests or talents: \_\_\_\_\_

Does your child have any learning challenges that you are aware of? \_\_\_\_\_ If so, please describe \_\_\_\_\_

Is there any family history of learning challenges? \_\_\_\_\_ If so, please describe \_\_\_\_\_

Do you have any questions regarding the Waldorf curriculum or the Waldorf School of Bend? \_\_\_\_\_

The Waldorf School of Bend has permission to contact (name of child) \_\_\_\_\_'s previous schools, teachers, physicians and counselors.

Who will sign the enrollment contract (tuition agreement) and be responsible for payment of tuition and fees?

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

Address (if not parent): \_\_\_\_\_

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

Address (if not parent): \_\_\_\_\_

Is there a custody arrangement or court order in force regarding this child? Yes No

***All information will be kept confidential. We require signatures of both parents/guardians (if applicable) below:***

I/We understand that

- All financial arrangements for tuition payments will be made through the Business Office
- The \$100 application fee is due with application and is non-refundable
- This application is valid only for the year noted

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

*Thank you for your interest in the Waldorf School of Bend. When you complete and return this application with your \$100 non-refundable application fee, you will receive a confirmation call from our Admissions Director.*

**Health Profile and Home Life** – Events in children’s earliest years can have both subtle and profound effects on their later life. While some of the following questions may not seem to apply to your child’s current situation, they are designed to bring parents and teachers together in forming the broadest possible picture of your child’s development and daily life. We understand that this information is of a personal nature and appreciate your understanding in providing what you can to better help us assess your child’s needs and how they can be met by our school.

How was the pregnancy? The birth? Was the baby delivered by Caesarean Section? \_\_\_\_\_

\_\_\_\_\_

Were there any special conditions or health concerns at birth for mother or baby? \_\_\_\_\_ If so, please describe \_\_\_\_\_

\_\_\_\_\_

Was your child adopted? \_\_\_\_\_ If so, at what age? \_\_\_\_\_ Does your child know? \_\_\_\_\_

When did your child begin crawling? \_\_\_\_\_ Was there anything unusual in his/her crawl? \_\_\_\_\_

When did your child begin to walk? \_\_\_\_\_ Talk? \_\_\_\_\_

Were there any challenges during early childhood with the eyes, ears, speech, coordination, skin, digestion? Please be specific: \_\_\_\_\_

\_\_\_\_\_

Please indicate the illnesses your child has had, and at what age: Chicken pox \_\_\_\_\_ Whooping Cough \_\_\_\_\_

Ear infections \_\_\_\_\_ Scarlet Fever \_\_\_\_\_ Seizures \_\_\_\_\_ Measles \_\_\_\_\_ Other? \_\_\_\_\_

Has your child had any serious injuries, accidents, or surgery? \_\_\_\_\_ If so, please describe briefly: \_\_\_\_\_

\_\_\_\_\_

Was there any early psychological trauma your child experienced? \_\_\_\_\_ If so, please describe \_\_\_\_\_

\_\_\_\_\_

Has your child ever undergone psychological, developmental, or educational testing or treatment? \_\_\_\_\_

If so, please describe: \_\_\_\_\_

\_\_\_\_\_ Where? \_\_\_\_\_

Has your child had a vision exam? \_\_\_\_\_ If so, when and where? \_\_\_\_\_

Does your child wear glasses? \_\_\_\_\_ For what condition? \_\_\_\_\_

Does your child have allergies? \_\_\_\_\_ Please describe: \_\_\_\_\_

Is your child on any medication? \_\_\_\_\_ For what condition? \_\_\_\_\_

Has your child received care from a dentist? \_\_\_\_\_ Are there any current health concerns? \_\_\_\_\_ Please Describe: \_\_\_\_\_

\_\_\_\_\_

Does your child have any special needs or fears? \_\_\_\_\_ If so, please describe: \_\_\_\_\_

\_\_\_\_\_

What time is your child's bedtime on weekdays? \_\_\_\_\_ On weekends? \_\_\_\_\_

Does your child have any trouble falling asleep? \_\_\_\_\_ Does your child sleep in his/her own bed? \_\_\_\_\_

All night? \_\_\_\_\_ Does your child wet the bed? \_\_\_\_\_

What kinds of activities does your family enjoy together? \_\_\_\_\_

How regular or rhythmic is your child's home life? (meals, bedtime, story time, chores, baths, etc.) \_\_\_\_\_

What meals do you share as a family? \_\_\_\_\_ Any special diet? \_\_\_\_\_

Describe your child's relationship with their sibling's \_\_\_\_\_

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

What language(s) are spoken at home? \_\_\_\_\_

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

Does your child use a computer or video games? \_\_\_\_\_ How often? \_\_\_\_\_ For how long? \_\_\_\_\_

Does your child watch television or videos? \_\_\_\_\_ When? \_\_\_\_\_ How often and for how long? \_\_\_\_\_

If age-appropriate alternatives were suggested, would you have any difficulty limiting or eliminating television and video viewing, movie-going, video game playing or computer time for your child? Please explain your answer: \_\_\_\_\_

Which hand does your child use for drawing or writing? \_\_\_\_\_

In a paragraph, please try to give a picture of your child: his or her interests, strengths, challenges, tendencies, outstanding characteristics, etc. (if necessary, please write on a separate piece of paper):

Admin Use Only:
Application Fee paid date _____
WSB initials _____