



**ADMISSION APPLICATION
GRADES 1 - 8**

APPLICANT INFORMATION

Name: _____
First Middle Last Preferred Name/Nickname

Home Address: _____
Street City

State Zip Phone: _____

Male Age: _____ Date of Birth: _____ Place of Birth: _____

Female (Mo/Day/Yr)

Proposed Entrance: _____ Current Grade: _____ Applying for Grade: _____
(month/year)

FAMILY INFORMATION

Parent/Guardian 1: _____ Relationship to Child: _____

Home address: _____
(If different from applicant)

Occupation: _____

Employer: _____

Work Address: _____

Email: _____ Cell phone: _____

Home Phone: _____ Business phone: _____

Community Activities (Volunteer, Board, Service, etc.): _____

Parent/Guardian 2: _____ Relationship to Child: _____

Home address: _____
(If different from applicant)

Occupation: _____

Employer: _____

Work Address: _____

Email: _____ Cell phone: _____

Home Phone: _____ Business phone: _____

Community Activities (Volunteer, Board, Service, etc.): _____

EDUCATION

Current School Name: _____ Independent/Private Waldorf
 Public

Dates of Attendance: _____

Address: _____

School Phone: _____ Teacher's Name: _____

Other schools attended in the past three years:

Name	City	State	Dates of Attendance

GENERAL INFORMATION

Applicant lives with:	<input type="checkbox"/> Parent/Guardian 1	<input type="checkbox"/> Parent/Guardian 2	<input type="checkbox"/> Both	<input type="checkbox"/> Other
Where should materials be mailed:	<input type="checkbox"/> Parent/Guardian 1	<input type="checkbox"/> Parent/Guardian 2	<input type="checkbox"/> Both	<input type="checkbox"/> Other
Check all that apply:	<input type="checkbox"/> Parents Separated	<input type="checkbox"/> Parents Divorced	<input type="checkbox"/> Parent 1 Deceased	<input type="checkbox"/> Parent 2 Deceased

First language, other than English _____ Language spoken at home: _____

If two households, mailings should be sent to Parent 1: _____ Parent 2: _____ Both: _____

Please list names of Applicant's brothers and sisters, their ages, schools now attending and their grade/year in school:

Name	Age	School	Grade/Year

Please list names of relatives who have attended CAWS:

Name	Year Graduated	Relationship

PARENT QUESTIONNAIRE

How did you first learn about CAWS?:

Are you acquainted with members (current or former) of the school community? If so, whom? _____

Please describe your child's current school experience and what has led to your search for a new school.

Please explain why you are interested in Cape Ann Waldorf School. _____

What would you like to see your child receive from his/her school experience? What are your goals, short and long term?

How would you describe your child's personality and temperament?

What are your child's special interests and hobbies?

What traits or qualities does your child have which you would like to see strengthened?

Has your child had formal music training? If so, which instrument and for how long?

PARENT QUESTIONNAIRE - CONTINUED

Does your child have any prior education or experience in a foreign language?

How often does your child watch TV/videos, use the computer or other forms of screen media?

Imagine that it is a cold, rainy Saturday in mid-November. Give a description of how your child might spend the day:

Are there special considerations of which we should be aware (extraordinary or traumatic events, medical, behavioral, emotional concerns)?

Have you consulted a physician or other professional about your child’s development in any of the areas listed below:

- | | | |
|---|------------------------------|-----------------------------|
| Learning Difficulties | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Speech and/or Language Development | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Emotional and/or Behavioral Development | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has your child ever had educational or psychological testing? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Has a Core Evaluation been recommended for your child? If yes, please explain the nature of the consultation or evaluation.

Does your child have any physical, emotional, or academic issues that her/his teachers should be aware of? Please include allergies, learning issues, speech problems, development delays, etc. List any previous and current therapies.

Are any medications given to your child regularly? Yes No

If yes, please describe which medications(s) and for which conditions(s).

Do you intend to apply for tuition assistance? Yes No

Cape Ann Waldorf School does not discriminate against children or their families on the basis of race, color, gender, sexual orientation, marital status, religion, national or ethnic origin, or financial status in its admissions.

A non-refundable application fee of \$75 must accompany this form. Please enclose a check or money order payable to Cape Ann Waldorf School. A separate application for each child is needed.

Signature of parent or guardian

Date

Revised 11/10/11