

- OFFICE USE ONLY -

REC'D: \_\_\_\_\_  
PAID: \_\_\_\_\_  
CHECK #: \_\_\_\_\_  
TCHER REC: \_\_\_\_\_

- OFFICE USE ONLY -

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Grade: \_\_\_\_\_

# Charlottesville Waldorf School

## Application for Admission Grade School

Prior to scheduling a student visit, this form must be returned with the \$50.00 non-refundable Application Fee, a letter of recommendation and/or transcript, and a photo of the applicant.

Date: \_\_\_\_\_ Date of Proposed Entrance: \_\_\_\_\_

Grade Applying For: \_\_\_\_\_

### APPLICANT INFORMATION

Name of Applicant: \_\_\_\_\_  
*Last First Middle Goes By*

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender (*circle one*): Female / Male

### PARENT INFORMATION

Mother's Name: \_\_\_\_\_ Father's name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
*Home Work Cell Home Work Cell*

Occupation/Place of Employment: \_\_\_\_\_ Occupation/Place of Employment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child resides with: \_\_\_\_\_

### EDUCATION

Please list all schools your child has attended.

NAME OF SCHOOL	ADDRESS	GRADE IN SCHOOL	YEARS ATTENDED

Subjects enjoyed most: \_\_\_\_\_

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

Extra-curricular activities/hobbies: \_\_\_\_\_

## STUDENT INFORMATION

To help us better serve the needs of your child, please list in detail any conditions, challenges, disabilities, and or learning differences: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any major illnesses, childhood diseases, accidents, etc.: \_\_\_\_\_  
\_\_\_\_\_

Is your child currently taking any medications? If so, please list: \_\_\_\_\_

Please list any allergies: \_\_\_\_\_

Please describe your child's health in general: \_\_\_\_\_

Bedtime on school nights: \_\_\_\_\_ Bedtime on other nights: \_\_\_\_\_

On average, how much "screen time" does your child have per week? This includes all television, videos, movies, video games, computers, and other electronic media devices: \_\_\_\_\_  
\_\_\_\_\_

What do you consider to be your child's stronger aptitudes and character traits? \_\_\_\_\_  
\_\_\_\_\_

Which of your child's capabilities would you like to see strengthened? \_\_\_\_\_  
\_\_\_\_\_

Siblings:	NAME	AGE	GENDER	SCHOOL/OCCUPATION
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## ADDITIONAL INFORMATION

How did you learn of Charlottesville Waldorf School? \_\_\_\_\_

What are your reasons for applying to Charlottesville Waldorf School? \_\_\_\_\_  
\_\_\_\_\_

All parents are expected to help with annual fundraising activities. Are there skills and interests you would like to contribute in the future? \_\_\_\_\_

*I/WE acknowledge the receipt of the following documents:*

\_\_\_\_\_ Admissions Procedures \_\_\_\_\_ Transcript release form \_\_\_\_\_ Tuition and Fee Schedule

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

Date: \_\_\_\_\_

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

Date: \_\_\_\_\_

**THIS APPLICATION MUST BE COMPLETED IN FULL— WE CANNOT PROCESS INCOMPLETE APPLICATIONS**

*Charlottesville Waldorf School admits children of any gender, race, color, ethnicity, national origin, or religion.*

Website: [www.cwaldorf.org](http://www.cwaldorf.org)