

- 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 Social Security Number _____

PARENT INFORMATION

Mother's Name: _____ Father's name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____
Home Work Cell Home Work Cell

Email: _____ Email: _____

Occupation/Place of Employment: _____ Occupation/Place of Employment: _____

Child resides with: _____ Siblings: _____

EDUCATION

NAME OF SCHOOL	ADDRESS	GRADE IN SCHOOL	YEARS ATTENDED

Please list all schools your child has attended.

Subjects enjoyed most: _____

Subjects enjoyed least: _____

Extra-curricular activities/hobbies: _____

STUDENT INFORMATION

Regarding your child's development, 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