

# Application

**To be completed by parent or guardian. Please return with non-refundable \$150.00 application fee (\$50.00 for siblings of re-enrollees).**

**Nursery** applicants must be three years old by September 1 for September entry and able to use toilet facilities independently.

**Kindergarten** applicants must be three years old by May 1 for September entry and able to use toilet facilities independently.

**Grade 1** applicants must be six years old by May 1 for September entry.

Please  
Attach Photo  
Of Child  
Here.

## Applicant Information

Program applying for:     Nursery     Mixed age kindergarten     Grade \_\_\_\_\_

Beginning (mo/yr): \_\_\_\_\_

Kindergarten applicants only: 1)  3 days/week (Wed-Fri, children ages 3 - 4.3 yrs) or

5 days/week

2)  Program Day (8:30am – 1:00pm) or

Extended Day (8:30am – 3:00pm)

Name of Applicant : \_\_\_\_\_

Nickname: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: F  M

I will be applying for Tuition Assistance. Please mail me Tuition Assistance application instructions. (Tuition Assistance is reserved for families experiencing *severe economic hardship*. An adjustment may be possible based on individual review of the family's economic ability to pay relative to the financial requirements of the school, with a maximum discount limit of 50% for K-Gr.6, or 60% for Gr.8-11 and siblings. Tuition adjustment is considered for students from two years prior to Grade 1 through high school.)

**FAMILY INFORMATION**

**Mother/Guardian** \_\_\_\_\_ **Address** \_\_\_\_\_

**City** \_\_\_\_\_ **Zip** \_\_\_\_\_

In order of priority, please list best telephone numbers to reach you:

( \_\_\_\_\_ ) \_\_\_\_\_  Cell  Home  Work

( \_\_\_\_\_ ) \_\_\_\_\_  Cell  Home  Work

( \_\_\_\_\_ ) \_\_\_\_\_  Cell  Home  Work

**Email** \_\_\_\_\_ **Occupation** \_\_\_\_\_

**Name and type of business** \_\_\_\_\_

**Father/Guardian** \_\_\_\_\_ **Address** \_\_\_\_\_

**City** \_\_\_\_\_ **Zip** \_\_\_\_\_

In order of priority, please list best telephone numbers to reach you:

( \_\_\_\_\_ ) \_\_\_\_\_  Cell  Home  Work

( \_\_\_\_\_ ) \_\_\_\_\_  Cell  Home  Work

( \_\_\_\_\_ ) \_\_\_\_\_  Cell  Home  Work

**Email** \_\_\_\_\_ **Occupation** \_\_\_\_\_

**Name and type of business** \_\_\_\_\_

***If applicable.....***

**Stepmother** \_\_\_\_\_ **Stepfather** \_\_\_\_\_

**Address** \_\_\_\_\_ **Address** \_\_\_\_\_

**Occupation** \_\_\_\_\_ **Occupation** \_\_\_\_\_

**Name of Business** \_\_\_\_\_ **Name of Business** \_\_\_\_\_

**Work Telephone** \_\_\_\_\_ **Work Telephone** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Email** \_\_\_\_\_ **Email** \_\_\_\_\_

Applicant lives **primarily** with:  Both Parents  Mother  Father  Other \_\_\_\_\_

If applicant is **NOT** living with both parents, please summarize child-sharing/**custody** arrangements and any visitation restrictions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If applicant is **NOT** living with both parents please note the age at which child stopped living with both parents: \_\_\_\_\_  Child has never lived with both parents

If applicant is **NOT** living with both parents, the primary contact info for the applicant should be that of:  
 Mother/Guardian OR  Father/Guardian

Tuition to be paid by: \_\_\_\_\_

**Brothers and sisters of applicant**

Name: \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Name : \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Name: \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Are you applying to The Waldorf School of San Diego for any of the above siblings?  Yes  No

If **yes**, which child(ren)?: \_\_\_\_\_

**EXPERIENCE WITH OUR SCHOOL**

Have you ever attended a formal tour of our school?  Yes  No If YES, list date: \_\_\_/\_\_\_/\_\_\_

Have you ever attended any of our Morning Glory Playgroups (parent-infant-tot) classes?  
 Yes  No

Please indicate your interest in The Waldorf School of San Diego. Include materials you have read, lectures attended, and how you heard of the school.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were you referred by someone previously, or currently at the school? If YES, please give name(s):

\_\_\_\_\_  
\_\_\_\_\_

The Waldorf School of San Diego is a *community* school so parents are expected to join us in the adventure of education. If your child were to be admitted to the school, in what ways would you be interested in participating?

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How many years do you expect your child to attend The Waldorf School of San Diego? \_\_\_\_\_

Is your child looking forward to starting or changing schools?  Yes  No

If **NO**, please elaborate:

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What are your hopes for your child's education?

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**Previous Schools**

Applicant has never attended school previously. *Skip to page 6.*

*We require a reference letter from a former teacher and Principal/Head Master and all records transfers from prior school(s) must be received by WSSD before your child is accepted.*

Please list applicant's previous schools starting with the current school.

• Current School \_\_\_\_\_ Dates attended \_\_\_\_\_ Grades attended \_\_\_\_\_

Address \_\_\_\_\_

Tel. (\_\_\_\_\_) \_\_\_\_\_ Teacher Name \_\_\_\_\_

• Prior School \_\_\_\_\_ Dates attended \_\_\_\_\_ Grades attended \_\_\_\_\_

Address \_\_\_\_\_

Tel. (\_\_\_\_\_) \_\_\_\_\_ Teacher Name \_\_\_\_\_

• Prior School \_\_\_\_\_ Dates attended \_\_\_\_\_ Grades attended \_\_\_\_\_

Address \_\_\_\_\_

Tel. (\_\_\_\_) \_\_\_\_\_ Teacher Name \_\_\_\_\_

• Prior School \_\_\_\_\_ Dates attended \_\_\_\_\_ Grades attended \_\_\_\_\_

Address \_\_\_\_\_

Tel. (\_\_\_\_) \_\_\_\_\_ Teacher Name \_\_\_\_\_

**EXPERIENCE WITH PREVIOUS SCHOOLS**

Please give a summary of your experiences with Waldorf schools listed on page 4:

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Please give a summary of your experiences with any non-Waldorf schools listed on page 4 including a description of the school's environment and focus.

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Why is your child leaving his/her current school?

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How has your child done in school? Please list both successes and concerns.

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Please describe any special circumstances you feel have affected your child's previous school experience:

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**FAMILY HISTORY QUESTIONNAIRE**

*This questionnaire is simply to help us get to know you and your child. It is confidential and will not determine whether or not your child will be admitted to the school.*

**PARENT BACKGROUND**

*How do you feel about the education you received?*

Mother/Guardian:

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Father/Guardian:

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*What is the overall view of your life since your child was born (work, moves, marriage, etc.)*

Mother/Guardian:

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Father/Guardian:

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*Any religious affiliation or particular spiritual beliefs?*

Mother/Guardian:

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Father/Guardian:

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**CHILD'S BIOGRAPHY**

**Pregnancy & Birth History**

Was the pregnancy full term?  Yes  No If **NO**, how many weeks premature? \_\_\_\_\_

Length of labor: \_\_\_\_\_  Natural  C-section

Were any medications administered to mother during birth? If **YES**, please list \_\_\_\_\_  
\_\_\_\_\_

Were there any complications during delivery?  Yes  No If **YES**, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

Was your child breast-fed?  Yes  No If **YES**, for how long ? \_\_\_\_\_

**Developmental milestones**

At what age did your child start:

Crawling? \_\_\_\_\_ Walking? \_\_\_\_\_ Speech? \_\_\_\_\_

**Health information**

Please identify your child's health **history**. List all notable illnesses (include chronic conditions), accidents and injuries along with applicable diagnoses and therapies used (physical and psychological). Use an additional sheet of paper if necessary.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please identify any **current** health situation your child is experiencing that would have impact at school and of which the teacher should be aware. List applicable diagnoses and therapies in use (physical and psychological). Use an additional sheet of paper if necessary.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your child been diagnosed with any developmental or learning disabilities?  Yes  No  
If **YES**, please explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your child received, or is now receiving special tutoring, counseling or therapy?  Yes  No  
If **YES**, please describe nature and length of treatment or tutoring. Use additional sheet if necessary.

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Is your child currently on medication of any kind?  Yes  No

If **YES**, please elaborate including history. Use additional sheet if necessary.

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Does your child have any special needs due to a health condition?  Yes  No

If **YES**, please elaborate:

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### **CHILD'S CURRENT HOME ENVIRONMENT**

In order to meet the needs of your child we feel that it is beneficial for us to understand your child's home life, habits, interests and temperament.

What is the primary language spoken in your child's home? \_\_\_\_\_

How long has your child lived at your current residence? \_\_\_\_\_

How many moves/relocations has your child experienced? \_\_\_\_\_

How has your child reacted to moving? \_\_\_\_\_

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Describe child's daily routine (wake up, play, school, meals, rest, bath, bedtime):

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Does your child have nightmares or difficulty sleeping?  Yes  No

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Please describe your child's eating habits/appetite/favorite foods:

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Any dietary restrictions? If **YES**, please elaborate:

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In what family activities does your child participate?

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What toys are available to your child?

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Please describe your child's interests, musical instruments played, special talents, or hobbies.

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What is your child's favorite activity?

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Describe your child when playing with other children:

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Describe your child when confronting a new situation:

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What is your child's emotional response to frustration:

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How do you respond to your child's frustration?

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What do you enjoy most about your child?

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What do you consider his/her challenges?

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What is the most important thing for us to know your child?

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**Grades Applicants Only - please describe your child in relation to schoolwork and homework:**

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Do you have any questions that you would like to ask us?  Yes  No

If **YES**, please list them:

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**MEDIA AND EXTRACURRICULAR ACTIVITY**

*The Waldorf School of San Diego has a policy of little or no electronic/media exposure for its students, **especially those under age 10.***

Please describe your child's habits in relation to media (TV, Nintendo, videos, movies, computer games and programs, hand held electronic games, I-pods, etc.)

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Are you willing to work with your child's teacher to eliminate/reduce media exposure for your child?

Yes  No If **NO**, please explain:

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There is a TV/computer in my child's bedroom?  Yes  No

My child watches more than 1-2 hours of television per day:

Frequently  Sometimes  Never

I allow my child to own or rent movies or electronic games:

Frequently  Sometimes  Never

I allow my child to use the internet and computer:

Frequently  Sometimes  Never

Does your child participate in (check all that apply):

Sports  Martial Arts  Gymnastics  Dance  Music  Other \_\_\_\_\_

Are you willing to adjust your child's scheduled extracurricular activities to ensure age appropriateness:

Yes  No If **NO**, please explain:

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*We require a reference letter from a former teacher and Principal/Head Master and all records transfers from prior school(s) must be received by WSSD before your child is accepted.*

**FOR EARLY CHILDHOOD PROGRAM APPLICANTS ONLY:**

*We recommend that Early Childhood applicants not be told about starting school here until acceptance is complete.*

At what age did your child start using the toilet by him/herself? \_\_\_\_\_

Please describe your child's bathroom habits (daytime/nighttime):

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Can your child dress him/herself?  Yes  No

What does your child like to wear? \_\_\_\_\_

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Does your child role-play?  Yes  No

If **YES**, please elaborate on type, theme, etc. \_\_\_\_\_

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***Thank you for your time. We appreciate your thoughtful responses and look forward to meeting with you. Upon receipt of this application you will be contacted to arrange a convenient interview time. Placement is based upon teacher acceptance.***