



# APPLICATION FOR ADMISSION GRADES 4 THROUGH 8

PLEASE COMPLETE AND RETURN WITH A \$50.00 APPLICATION FEE

SANTA CRUZ WALDORF SCHOOL  
2190 EMPIRE GRADE, SANTA CRUZ, CA 95060  
PHONE (831) 425-0519 FAX (831) 425-1326

<b>FOR OFFICE USE ONLY</b>	
DATE RECEIVED _____	FEE ATTACHED _____
CHECK # _____	
DATE OF INTERVIEW _____	
ACCEPTED BY _____	

CHILD'S FULL NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ GENDER \_\_\_\_\_ PROPOSED DATE OF ENTRANCE \_\_\_\_\_ GRADE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

APPLYING FOR GRADE \_\_\_\_\_ DOES YOUR CHILD HAVE EMAIL? Y N EMAIL ADDRESS \_\_\_\_\_

PARENT 1 NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS (IF DIFFERENT FROM CHILD'S) \_\_\_\_\_

DAYTIME PHONE \_\_\_\_\_ EVENING PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

OCCUPATION/PLACE OF EMPLOYMENT \_\_\_\_\_

EDUCATIONAL BACKGROUND \_\_\_\_\_

INTERESTS, HOBBIES, TALENTS \_\_\_\_\_

PARENT 2 NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS (IF DIFFERENT FROM CHILD'S) \_\_\_\_\_

DAYTIME PHONE \_\_\_\_\_ EVENING PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

OCCUPATION/PLACE OF EMPLOYMENT \_\_\_\_\_

EDUCATIONAL BACKGROUND \_\_\_\_\_

INTERESTS, HOBBIES, TALENTS \_\_\_\_\_

SIBLINGS (NAMES, AGES, SCHOOLS) \_\_\_\_\_

\_\_\_\_\_

SCHOOLS PREVIOUSLY ATTENDED\*

NAME AND ADDRESS                      GRADES                      DATES                      CONTACT PERSON AND PHONE #

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

PLEASE DESCRIBE YOUR CHILD'S EXPERIENCE IN THESE SCHOOLS:

\_\_\_\_\_

SUBJECTS ENJOYED MOST:

\_\_\_\_\_

SUBJECTS ENJOYED LEAST:

\_\_\_\_\_

WERE ANY ACADEMIC, DEVELOPMENTAL OR PSYCHOLOGICAL ASSESSMENTS DONE? PLEASE DESCRIBE.

\_\_\_\_\_

WHAT IS YOUR REASON FOR MOVING YOUR CHILD FROM HIS/HER PREVIOUS SCHOOL?

\_\_\_\_\_

HAS YOUR CHILD HAD FOREIGN LANGUAGE INSTRUCTION IN HIS/HER PREVIOUS SCHOOL? YES \_\_\_ No \_\_\_

IF YES, WHICH LANGUAGE(S)? \_\_\_\_\_

HAS YOUR CHILD HAD MUSICAL OR INSTRUMENTAL INSTRUCTION? YES \_\_\_ No \_\_\_\_\_

IF YES, PLEASE DESCRIBE: \_\_\_\_\_

*\*PLEASE NOTE THAT WE WOULD LIKE TO RECEIVE COPIES OF ALL SCHOOL RECORDS AND EVALUATIONS FOLLOWING YOUR CHILD'S ACCEPTANCE TO ASSIST US IN GETTING TO KNOW YOUR CHILD.*

YOUR CHILD

PLEASE DESCRIBE WHAT PHYSICAL ACTIVITIES YOUR CHILD ENJOYS.

\_\_\_\_\_

PLEASE DESCRIBE ACTIVITIES YOUR CHILD DOES OUTSIDE SCHOOL (HOBBIES, CLASSES, PROGRAMS).

\_\_\_\_\_

PLEASE DESCRIBE YOUR CHILD'S ARTISTIC INTERESTS OR TALENTS.

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PLEASE DESCRIBE YOUR CHILD'S PLAY INTERESTS, INCLUDING TYPES OF PLAY, FRIENDSHIPS, AND RELATIONSHIPS WITH PETS.

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HOW WOULD YOU DESCRIBE YOUR CHILD'S TEMPERAMENT?

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WHAT DO YOU CONSIDER TO BE YOUR CHILD'S STRONGEST APTITUDES AND CHARACTER TRAITS?

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WHAT ASPECTS OF YOUR CHILD'S CHARACTER WOULD YOU LIKE TO SEE STRENGTHENED?

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#### YOUR CHILD'S HEALTH HISTORY

IS YOUR CHILD UNDER REGULAR SUPERVISION OF A PHYSICIAN?

NAME OF DOCTOR:

DATE OF LAST EXAM:

ANY MEDICATIONS:

HEALTH ISSUES BEING TREATED:

CHILDHOOD ILLNESSES: PLEASE WRITE "I" WITH APPROXIMATE DATE NEXT TO NAME OF ANY CHILDHOOD ILLNESSES YOUR CHILD HAS HAD. IF YOUR CHILD WAS VACCINATED, PLEASE WRITE "V" AND APPROXIMATE DATE NEXT TO NAME OF VACCINATIONS S/HE RECEIVED. PLEASE DESCRIBE ANY NOTABLE REACTIONS TO VACCINATIONS.

CHICKEN POX  
SCARLET FEVER  
HAY FEVER  
DIABETES  
CONCUSSION

ASTHMA  
MEASLES (RUBELLA)  
MUMPS  
EPILEPSY  
PNEUMONIA

RHEUMATIC FEVER  
RUBELLA  
WHOOPIG COUGH  
POLIO

HAS YOUR CHILD SEEN A DENTIST? Yes No HAS S/HE HAD DENTAL WORK? PLEASE DESCRIBE.

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HAS YOUR CHILD SEEN A COUNSELOR OR THERAPIST? PLEASE DESCRIBE.

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PLEASE DESCRIBE ANY SURGERIES YOUR CHILD HAS HAD. PLEASE INDICATE AGE OF CHILD AND CHILD'S ADJUSTMENT.

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PLEASE DESCRIBE ANY ACCIDENTS OR FALLS YOUR CHILD HAS HAD. PLEASE INDICATE CHILD'S AGE AND DESCRIBE INJURIES.

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DOES YOUR CHILD HAVE ANY PHYSICAL CHALLENGES? PLEASE DESCRIBE.

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DOES YOUR CHILD HAVE ANY DIFFICULTIES WITH SEEING, HEARING OR WALKING? PLEASE DESCRIBE.

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DOES YOUR CHILD HAVE ANY DEVELOPMENTAL CHALLENGES? PLEASE DESCRIBE.

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DOES YOUR CHILD HAVE ANY BEHAVIORAL CHALLENGES (E.G. ATTENTION PROBLEMS, HYPERACTIVITY, IMPULSIVITY, IRRITABILITY, IMMATUREITY)? PLEASE DESCRIBE.

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DOES YOUR CHILD HAVE ANY NERVOUS HABITS (E.G. HAIRTWISTING, NAILBITING)? PLEASE DESCRIBE.

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DOES YOUR CHILD HAVE ANY SPECIAL FEARS OR NEEDS RELATED TO SCHOOL?

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#### YOUR RELATIONSHIP TO MEDIA

HOW HAVE YOU HANDLED YOUR CHILD'S RELATIONSHIP TO ELECTRONIC MEDIA, INCLUDING TELEVISION, VIDEOS, CINEMA, RADIO, RECORDED MUSIC AND STORIES, VIDEOGAMES AND COMPUTERS? PLEASE INDICATE AVERAGE HOURS OF VIEWING AND/OR LISTENING AND CONTENT. INCLUDE DIFFERENCES BETWEEN WEEKDAYS AND WEEKEND DAYS, IF RELEVANT. DO YOU LISTEN TO RADIO OR TAPES/CDS IN THE CAR WITH YOUR CHILD? PLEASE DESCRIBE FREQUENCY AND CONTENT.

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YOUR RELATIONSHIP TO SANTA CRUZ AND SANTA CRUZ WALDORF SCHOOL

ARE YOU SETTLED IN SANTA CRUZ AREA? HOW LONG DO YOU EXPECT TO BE HERE?

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HOW DID YOU HEAR OF SANTA CRUZ WALDORF SCHOOL?

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ARE YOU ACQUAINTED WITH ANYONE CURRENTLY IN THE SCHOOL OR ALUMNI FAMILIES?

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WHAT ARE YOUR REASONS FOR WISHING TO ENROLL YOUR CHILD IN SANTA CRUZ WALDORF SCHOOL ?  
WHAT ARE YOUR EXPECTATIONS FROM THIS EDUCATIONAL EXPERIENCE?

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AS AN INDEPENDENT SCHOOL, WE RELY ON ACTIVE PARENT INVOLVEMENT IN THE WALDORF SCHOOL COMMUNITY, ESPECIALLY IN THE AREAS OF FUNDRAISING, CLASS MEETINGS, FAIRS, FESTIVALS, AND SPECIAL EVENTS. HOW DO YOU FORESEE YOUR PARTICIPATION AS A WALDORF SCHOOL PARENT?

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IT MAY BE NECESSARY FOR AN ENTERING STUDENT TO RECEIVE ADDITIONAL ASSESSMENTS AND/OR EDUCATIONAL SUPPORT TO ENSURE A SMOOTH AND HEALTHY TRANSITION INTO THE SANTA CRUZ WALDORF SCHOOL. THE EVALUATION OF THE NEED FOR SUCH ASSESSMENT AND/OR SUPPORT MAY BE DONE DURING THE ENROLLMENT PROCESS OR AFTER THE CHILD HAS ENTERED A CLASS.

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SIGNATURE OF PARENT \_\_\_\_\_

DATE \_\_\_\_\_