



waldorf school  
of saratoga springs

Received By: \_\_\_\_\_  
Date: \_\_\_\_\_  
*Internal Use Only*

### Application for Admission

Please answer all questions and return this form together with the Parent Questionnaire to:  
The Waldorf School of Saratoga Springs, Enrollment Director, 62 York Avenue, Saratoga Springs, NY 12866 USA  
Phone: (518) 587-2224/Fax:(518) 581-1466

#### Applicant Information

First Name Middle Name Last Name Preferred Name or Nickname

( )  
Date of Birth (m/d/y) Age M/F Country of Citizenship/Birth Phone Number

Address /Street City State Zip/Postal Code Country

Current Grade Current School/Name and Address Grades and Dates Attended

Previous Schools Attended	Address	Dates Attended	Reasons for Leaving

Does your child have any needs that require support services during the school day?  Yes  No If yes, please briefly explain:

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

#### Program Applying to (please check as appropriate)

Early Childhood Programs

**2 Day Preschool** (for children aged 2-turning-3) – 9:00 am – 12:00 pm

Tuesday/Wednesday  Thursday/Friday  No Preference

**Mixed-Age Kindergarten** (for children ages 3, 4, 5 and 6) – 8:30 am – 12:30 pm

*Note: 5-turning-6 year olds are 5 days only*

3 Day Option (Consecutive days)

5 Day Option

**Preferred Early Childhood Location**  
 Forest Kindergarten  
 Early Childhood Center

Lower School Grades 1-8 (please circle grade applying to): 1 2 3 4 5 6 7 8

High School Grades 9 -12 (please circle grade applying to): 9 10 11 12

Applying for academic year \_\_\_\_\_ Has applicant applied to WSSS previously?  Yes  No

**Family Information**

**Parent/Step-Parent/Guardian (Please specify)**

**Parent/Step-Parent/Guardian**

Name \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City, State, Zip \_\_\_\_\_

\_\_\_\_\_

Home Phone \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Fax \_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_

\_\_\_\_\_

Occupation \_\_\_\_\_

\_\_\_\_\_

Work Phone \_\_\_\_\_

\_\_\_\_\_

Employer \_\_\_\_\_

\_\_\_\_\_

Business Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Siblings**

Names	Ages	School Currently Attending and Grade	Applying to WSSS?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Additional Information**

How did you hear about our school? \_\_\_\_\_

In what school district do you reside (where do you pay school taxes)? \_\_\_\_\_

Will your child need public school bus transportation (available within 15 miles radius)?  Yes  No

Please provide any additional information about your child that you believe we should know:

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

Signature of Parent(s) or Guardian(s)

Date:



4. Does your son or daughter have any dietary limitations, eating problems or allergies?
  
5. Please describe any circumstances in your son's or daughter's home, family, school, or environment, which may have had supportive or negative effects on his or her personal and school life.
  
6. Has your son or daughter ever had any serious physical condition, illness or injuries? If so, please describe (please indicate the year(s) these occurred).
  
7. Please describe any prior special needs of your son or daughter. For example, has there been any learning difficulties, emotional or behavioral difficulties, previous counseling?

8. In what sort of extra-curricular activities does your son or daughter participate? What does your child do in his or her free time? How much television does he or she watch? How much time is spent on a computer? Video games?
  
9. Does music play a role in your family? Does your son or daughter play an instrument? If so, for how many years?
  
10. Which languages are spoken in your home? Has your son or daughter studied a foreign language? If so, which one and for how long?
  
11. What are your expectations of our school?

If your child is receiving any special services, such as speech therapy, occupational therapy, physical therapy, etc... a full report from the service provider(s) must be forwarded to the Waldorf School of Saratoga Springs prior to acceptance. Full disclosure of such services must be provided prior to consideration for admission.

**Parent's Signature:** \_\_\_\_\_

**Please return to:**

The Waldorf School of Saratoga Springs  
Admissions Coordinator  
122 Regent Street  
Saratoga Springs, NY 12866  
U.S.A.  
Phone: 518-587.2224 Fax: 518.581.1466

The Waldorf School of Saratoga Springs is a nonprofit, independent school that admits students of any race, color, religion, and national or ethnic origin.



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**Records Release Form**

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

To: \_\_\_\_\_  
*Name of School and School Official*

School address and/or fax number: \_\_\_\_\_

To Whom It May Concern:

The following student(s) are now applying to the Waldorf School of Saratoga Springs:

\_\_\_\_\_ Grade \_\_\_\_\_  
\_\_\_\_\_ Grade \_\_\_\_\_  
\_\_\_\_\_ Grade \_\_\_\_\_

Please send a copy of all academic records, test results and evaluations, education plans (ex. IEP) and health and immunization records for the above student(s) to:

The Waldorf School of Saratoga Springs  
Attn: Enrollment Director  
62 York Avenue  
Saratoga Springs, NY 12866 USA

Fax: 518-581-1466 Phone: 518-587-2224

**Parent Authorization for Release of Records**

I hereby authorize the release of an official transcript including all academic records, test results and evaluations, education plans (ex. IEP) and health and immunization records regarding my child(ren) listed above to the Waldorf School of Saratoga Springs.

It is understood that such release shall include that information which is necessary and pertinent, and that all such information shall be treated in a professional and confidential manner.

Signature of Parent or Guardian: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

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