



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

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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:



Early Childhood Parent Questionnaire

For children applying to Two-Day Pre-School or Mixed-Age Kindergarten

Applicant's name: _____ Class applying for: 2 Day, 3 or 5 Day Kindergarten

Events in the child's earliest years can have both subtle and profound effects on his or her later life. While some of the following questions may not seem to apply to your child's current situation, they are designed to bring parents and teachers together in forming the broadest possible picture of your child's development and daily life. Please attach additional pages if necessary.

1. Tell us about your son or daughter. Please include a brief history of early childhood events, such as birth, feeding, crawling, walking, and/or any additional information you wish to share.

2. Please try to give a picture of your child: his or her interests, strengths, tendencies, outstanding characteristics, etc.

3. What is your child's daily rhythm? (For example: bedtime, awakening, meals, etc.)

4. What type(s) of activities do you enjoy doing together on a regular basis and what do you enjoy doing as a family?

5. How much television or movies does your child watch? How much time with computer or video games?

6. Please describe any circumstances in your child's life that you would like your teacher to be aware of.

7. Does your son or daughter have any dietary limitations, eating problems, or allergies?

8. 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*).

9. 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?

10. Why are you considering Waldorf education for your child?

11. What are your hopes and expectations for your child's school experience at the Waldorf School of Saratoga Springs?

12. Is English your child's first language? If not, what language(s) are spoken in the home?

If your child is receiving any special service, 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 School prior to acceptance. Full disclosure of such services must be provided prior to consideration for admission.

Parent's Signature: _____



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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: _____

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