



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:

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?

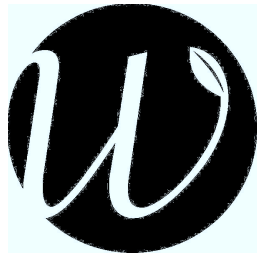
If your child is receiving any special services, such as speech therapy, occupational therapy, physical therapy, etc... a full report from the service provider(s) must be forwarded to the Waldorf School of Saratoga Springs prior to acceptance. Full disclosure of such services must be provided prior to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

This portion of the application is to be completed by the student.

Date: _____

Personal Information

Name: _____ Nick name or preferred name: _____

Date of Birth: _____

Address: _____

Home Phone: _____

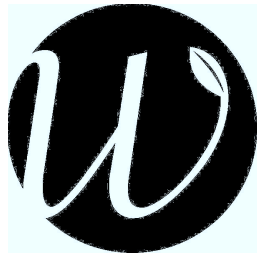
Please answer the following questions. Please feel free to expand your answers to any of the questions on another sheet of paper.

1. What musical instrument(s) do you play?

2. What foreign languages have you studied and for how long?

3. List one or two courses or subjects you have enjoyed the most in the last two years and briefly explain why they have been of special interest.

4. Is there anything you feel hinders the quality of the work you do?



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5. What do you like most about your present school?

6. List any clubs to which you belong or hobbies you are actively pursuing.

7. Write a paragraph or two describing a special interest you have and why you enjoy it. It might be a hobby, a school subject, a sport, some particular topic, or any other activity important to you.

8. Do you have a particular interest you would like to pursue sometime during your high school years?

Student's Signature: _____



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High School Student Application

English Skills Assessment

Write an essay in your own handwriting of approximately one page in length (though it may be longer or shorter).

Topic

Describe a room. This could be any room, actual or imagined.



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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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