



waldorf school  
of saratoga springs

**Please answer all questions and return this form together with the Parent Questionnaire to:** The Waldorf School of Saratoga Springs, Admissions Coordinator, 62 York Avenue, Saratoga Springs, NY 12866 USA Phone: (518) 587-2224/Fax:(518) 581-1466 / [admissions@waldorfsaratoga.org](mailto:admissions@waldorfsaratoga.org)

**Applicant Information**

Today's Date \_\_\_\_\_

\_\_\_\_\_  
First name Middle name Last name Preferred name and Pronouns

\_\_\_\_\_  
Date of birth (m/d/y) Age Gender Identity Country of citizenship/birth Phone Number Racial Background

\_\_\_\_\_  
Address /Street City State Zip/Postal code Country

\_\_\_\_\_  
Current grade Current school/name and address Grades and dates attended

Previous Schools Attended	Previous School's Address	Dates Attended	Reasons for Leaving

Does your child currently have an IEP?  Yes  No

\* Please Note: Current IEP services can be transferred to WSSS through the Saratoga Springs Public School District when applications and IEP's are received by June 1, for the following school year.

If yes, please briefly explain support services:

\_\_\_\_\_

\_\_\_\_\_

**Program Applying to (please check as appropriate):**

Preschool Program (21 month to 3 years old):  2 Day  3 Day  5 Day (8:30 - 11:30)

3 Day Kindergarten (3 to 5 years old) :  Half Day 8:15 - 12:15  Full Day 8:15 - 2:15

5 Day Kindergarten (3 to 6 years old) :  Half Day 8:15 - 12:15  Full Day 8:15 - 2:15

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

**\*For Early Childhood Programs: Please Circle Location Preference: IN TOWN      FOREST CAMPUS**

Applying for academic year \_\_\_\_\_

Has applicant applied to WSSS previously?  Yes  No

Will you be applying for our Within Reach Financial Aid Program?  Yes  No

**Family Information**

**Parent 1/Step-parent/Guardian (Please specify)**

**Parent 2/Step-parent/Guardian**

Name (relation to applicant)

Name (relation to applicant)

Address

Address

City, State, Zip

City, State, Zip

Home Phone

Home Phone

Cell Phone

Cell Phone

Email

Email

Occupation

Occupation

Work Phone

Work Phone

Employer

Employer

Business Address

Business Address

**Siblings**

Name

Age

School Currently Attending

Grade

\_\_\_\_\_

\_\_\_\_\_

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**Additional Information**

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

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

Will applicant ride the public school bus (available within 15 miles radius)?  Yes  No

\*Please Note: Applications must be made with your home district by April 1, for the following school year to guarantee your bus services.

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

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

\_\_\_\_\_  
Signature of Parent(s) or Guardian(s)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent(s) or Guardian(s)

\_\_\_\_\_  
Date



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## High School Student Application

This portion of the application is to be completed by students applying to the high school.

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

### **Personal Information**

Name: \_\_\_\_\_

Preferred Name and Pronouns: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

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

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

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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.

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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?

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

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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.

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

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Student's Signature: \_\_\_\_\_



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



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## Parent Questionnaire

Applicant's name: \_\_\_\_\_ Applying for class/grade \_\_\_\_\_

The following questions are designed to help our faculty/staff gain a complete picture of your child so that we can determine if our school is able to meet your child's needs and your expectations. The questions are meant to be very general so that you can adapt them to the age of your child.

1. Tell us about your child. This may include a brief history of early childhood events, sibling relationships, school experiences, and other details as age appropriate.
2. What do you consider to be your child's strengths and weaknesses?
3. What is your child's daily rhythm? For example: What time do they go to bed? What time do they awaken? Do they have difficulties sleeping through the night?
4. Does your child have any dietary limitations, eating problems or allergies?

5. Please describe any circumstances in your child's home, family, school or environment, which may have had supportive or negative effects on their personal and school life.

6. Has your child ever had any serious physical condition, illness or injuries? If so, please describe (please indicate the year these occurred).

7. Please describe any prior special needs of your child. For example, has there been any learning difficulties, emotional or behavioral difficulties, previous counseling?

8. In what sort of extracurricular activities does your child participate? What does your child do in their free time? How much television do they watch? How much time does your child spend with computer or video games?

9. Does music play a role in your family? Does your child play an instrument? If so, for how many years?



10. Which languages are spoken in your home? Has your child studied another language? If so, which one and for how long?

11. What are your expectations of our school?

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 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  
62 York Ave  
Saratoga Springs, NY 12866 USA  
Phone: 518.587.2224 Fax: 518.581.1466  
[admissions@waldorfsaratoga.org](mailto:admissions@waldorfsaratoga.org)



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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: Admissions Coordinator  
62 York Avenue  
Saratoga Springs, NY 12866 USA

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



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## 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: \_\_\_\_\_

### **Policy of Anti-discrimination**

*The Waldorf School of Saratoga Springs promotes respect for all students, employees, and applicants for admissions or employment and prohibits discrimination to the full extent required by law including discrimination based on race, color, ethnic or national origin, religion, creed, sex, gender, gender identity or expression, sexual orientation, age, disability, predisposing genetic characteristics, pregnancy, familial or marital status, military status, or any other category which is protected by applicable federal, state, or local law. These anti-discrimination policies apply in the administration of our educational policies, hiring policies, admissions policies, financial aid programs, athletics, and all other school administered programs. The following person has been designated to handle all inquiries regarding the school's anti-discrimination policies:*

*School Administrator*

*122 Regent St.*

*Saratoga Springs, NY 12866*