

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: _____