



## Application for Home School Blending Program

**Please answer all questions and return this form 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

### Applicant Information

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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

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Address /Street    City    State    Zip/Postal Code                      Country

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

Previous Schools Attended	Address	Dates Attended	Reasons for Leaving

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

Lower School Grades 6-8 (please circle grade applying to):    6    7    8

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

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

Please list the three Main Lesson Blocks your child would like to attend (please limit your selection to three blocks).

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Family Information**

**Mother/Stepmother/Guardian (Please specify)**

**Father/Stepfather/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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Additional Information**

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

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

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

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

Signature of Parent(s) or Guardian(s)

Date: