



waldorf school
of saratoga springs

Received By: _____
Date: _____
<i>Internal Use Only</i>

Application for Admission

Please answer all questions and return this form together with the Parent Questionnaire to:
The Waldorf School of Saratoga Springs, Admissions 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

Preschool (for children 21 months to 3 years old) 9:00 am – 12:00 pm (*Days of the week TBD at this time.*)

2 day option (consecutive days) 3 day option (consecutive days) 5 day option

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

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: