

High School Application: Parent/Guardian Questionnaire

Today's Date _____

School Year Applying for _____ Grade Applying for _____ Applying for Financial Asst? Yes No

Student's Name _____
First Middle Last

Birth Date _____ Gender _____

Child lives with (parent, guardian, etc.) _____

Parent/Guardian Name _____

Home Phone _____ Cell Phone _____

Address _____
Street City State Zip

Email Address _____

Occupation _____ Employer _____

Parent/Guardian Name _____

Home Phone _____ Cell Phone _____

Address _____
Street City State Zip

Email Address _____

Occupation _____ Employer _____

Parent/Guardian Relationship Status: _____

If there are additional guardians or parental figures, please use an additional piece of paper if necessary and explain their relationship to the student and their academic support systems.

Siblings of Student:

Name	Grade	School
_____	_____	_____
_____	_____	_____
_____	_____	_____

Relatives who attended Summerfield:

Name	Relationship
_____	_____
_____	_____

Academics

List the student's stronger areas in school: _____

List the student's more challenging areas in school and how those have been supported at home or with other resources: _____

List the courses in Algebra and Geometry that the student has completed: _____

What level of foreign language(s) has the student completed? _____

Has the student repeated a grade? _____ If so, which grade and why? _____

Please list each school or academic program the student has attended and for how long. Use an additional piece of paper if necessary.

School/Program: _____

Dates Attended: _____ - _____ Why did the student leave/what was accomplished?

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Social

What is the quality of the student's social relationship with classmates, teachers, etc.? _____

If the quality of social relationships has been challenging, please describe specific aspects of the problem, including your perception of the probable causes and how these have been addressed: _____

Miscellaneous

List the student's special interest, hobbies, and activities: _____

How many hours per week does the student spend engaging in screen time and for what purpose? _____

How did you hear about Summerfield Waldorf School? _____

Why would you like your student to attend Summerfield High School? _____

Health

Please identify any serious illnesses the student has had: _____

Please identify any medications or homeopathic supports that the student has been prescribed within the last two years: _____

Please identify any injuries or traumas the student has experienced: _____

Please identify any allergies or other health situations the school should know about: _____

Does the student have any physical challenges that would prevent them from fully and safely participating in Summerfield's programs without some form of special accommodation? _____

If such an accommodation is being requested, please specify: _____

Has the student received any academic testing or learning accommodations? If so, please describe: _____

Reflection

Please describe a moment when you saw the student struggle through and then learn a subject or lesson. How did the student overcome the challenge? Did she or he ask for help? In what ways did the student explain frustrations and any breakthroughs? What was your role in this experience? Be as descriptive as you can, to give us a real picture of who this individual is and how they meet the world. Use another piece of paper if necessary.

Other Comments

Please describe any situation or aspect of the student's life which may have a bearing on their likelihood of a satisfactory education and personal development at Summerfield or on the teachers' ability to work with them.

Please attach a photograph of the student and return the application with the \$95 application fee to:

Attn: High School Admissions
Summerfield Waldorf School and Farm
655 Willowside Road, Santa Rosa, CA 95401

11/27/17