

## Application for Grades One through Eight

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

School Year Applying for \_\_\_\_\_ Grade Applying for \_\_\_\_\_

**Full Name of Child** \_\_\_\_\_ Gender \_\_\_\_\_

Birth date \_\_\_\_\_ Current Grade \_\_\_\_\_

**Parent/Guardian Name** \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_

Street

City

St

Zip Code

Occupation \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Skills & Interests \_\_\_\_\_

**Parent/Guardian Name** \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_

Street

City

St

Zip Code

Occupation \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Skills & Interests \_\_\_\_\_

**Parent/Guardian Relationship Status:** \_\_\_\_\_

**Schools your child has attended (with the dates):** 1) \_\_\_\_\_

2) \_\_\_\_\_ 3) \_\_\_\_\_

4) \_\_\_\_\_ 5) \_\_\_\_\_

**Have you read any books on Waldorf Education? If so, please list (also lectures, workshops, fairs).**

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

**How did you hear about Summerfield?** \_\_\_\_\_

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

**Do you know parents in our school? If so, whom?** \_\_\_\_\_

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

Why do you choose to send your child to our Waldorf school? Curriculum \_\_\_\_\_ Arts \_\_\_\_\_ Farm \_\_\_\_\_  
Spiritual Philosophy \_\_\_\_\_ Other , Please explain: \_\_\_\_\_

What Sports programs and/or private lessons does your child participate in? \_\_\_\_\_

Musical instrument your child plays: \_\_\_\_\_

Foreign language your child is learning: \_\_\_\_\_

### **Early History**

How was the pregnancy and birth; any special conditions or health problems? \_\_\_\_\_

Was child under-active, normally active or overactive as an infant? \_\_\_\_\_

Was child a sound sleeper? \_\_\_\_\_ Was child breastfed? \_\_\_\_\_ How long? \_\_\_\_\_

When did the first teeth come in? \_\_\_\_\_ When did the child crawl? \_\_\_\_\_

When did the child start walking? \_\_\_\_\_ Talking? \_\_\_\_\_ Toilet trained? \_\_\_\_\_

Were there any problems with eyes / ears / feet / etc.? \_\_\_\_\_

Speech? \_\_\_\_\_ Skin? \_\_\_\_\_ Coordination? \_\_\_\_\_

Other problems, i.e. illness, operations, trauma? \_\_\_\_\_

### **History of Health**

Please list the illnesses your child has had and at what age: \_\_\_\_\_

Diphtheria \_\_\_\_\_ German Measles \_\_\_\_\_ Chicken Pox \_\_\_\_\_ Whooping Cough \_\_\_\_\_

Mumps \_\_\_\_\_ Scarlet Fever \_\_\_\_\_ Measles \_\_\_\_\_ Ear Infections \_\_\_\_\_

Other \_\_\_\_\_

Has your child had any serious injuries /accidents or surgery? If so, give date and describe briefly: \_\_\_\_\_

**Present Health Situation**

Allergies? \_\_\_\_\_

Does child contract colds easily? \_\_\_\_\_ Ear Infections? \_\_\_\_\_ Respiratory weakness? \_\_\_\_\_

Does child vomit easily? \_\_\_\_\_ Nose Bleeds? \_\_\_\_\_ Frequent Headaches? \_\_\_\_\_ High Fevers? \_\_\_\_\_

Is child on medication? If yes, which one(s)? \_\_\_\_\_

Does child wear glasses? \_\_\_\_\_ For what condition? \_\_\_\_\_

Does child wear a hearing aid or other medical device? \_\_\_\_\_

Strong food preferences or dislikes? \_\_\_\_\_

Has child undergone psychological testing or treatment? \_\_\_\_\_

Are there any physical characteristics that might require special attention? If so, please explain: \_\_\_\_\_

\_\_\_\_\_

Can the child take part in a normal physical education program? \_\_\_\_\_

Anything unusual in the child's development? \_\_\_\_\_

\_\_\_\_\_

**Family Life**

Is your child living with both parents? \_\_\_\_\_

If no, please explain family situation \_\_\_\_\_

Was your child adopted? \_\_\_\_\_ If so, at what age? \_\_\_\_\_

How long have you lived in the area? \_\_\_\_\_

Other children in the family:

Name	Age	Gender	School/Teacher
_____	_____	_____	_____
_____	_____	_____	_____

Bedtime? Weekdays \_\_\_\_\_ Weekends \_\_\_\_\_

Time child awakes? Weekdays \_\_\_\_\_ Weekends \_\_\_\_\_

How many hours per week does your child spend watching television? \_\_\_\_\_

Are you aware of any learning difficulties? Please describe. \_\_\_\_\_

Describe how your child is socially with peers. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***In a paragraph, please describe your child including interests, tendencies and characteristics.***

***Your signature gives SWSF permission to contact your child's current teacher:***

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***Please attach a photograph and return with \$95 Application Fee to the Admissions Office.***

For Office Use:

Date Received \_\_\_\_\_ Amount \$ \_\_\_\_\_ Cash or Check # \_\_\_\_\_ Received by \_\_\_\_\_

## Release of Records Request: for Admissions

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

**Previous School:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Student's Name:** \_\_\_\_\_

*I consent to the release of my student's records:*

Parent's Printed Name

Parent's Signature

Dear Registrar,

The above student who attended your school has applied or transferred to Summerfield Waldorf School and Farm. We are requesting the following:

- Grades and/or Reports (last two years)
- Credits and Testing
- IEP/ILP Documents
- Counseling Evaluations

Please mail, email or fax the above referenced materials to:

Summerfield Waldorf School and Farm

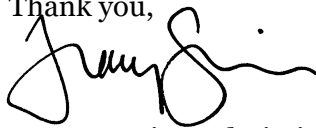
Attn: Admissions

655 Willowside Road

Santa Rosa, CA 95401;

Fax: 707-575-3217; Email: registrar@summerfieldwaldorf.org

Thank you,



Tracy Saucier, Admissions Director

(707) 575-7194, ext. 102

**For Summerfield Office use only:**

Date sent \_\_\_\_\_ fax / email Date rec. \_\_\_\_\_ mail / email

## Release of Records Request: Cum File Request

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

**Previous School:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Student's Name:** \_\_\_\_\_

*I consent to the release of my student's records:*

\_\_\_\_\_  
Parent's Printed Name

\_\_\_\_\_  
Parent's Signature

Dear Registrar,

The above student who attended your school has enrolled at Summerfield Waldorf School and Farm.

***Please send this student's Cumulative File as soon as you are able to:***

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

Thank you,



Andrea Trinei, Registrar  
(707) 575-7194, ext. 124  
registrar@summerfieldwaldorf.org

**For Summerfield Office use only:**

Date sent \_\_\_\_\_ fax / email Date rec. \_\_\_\_\_ mail / email