

# Summerfield Waldorf School & Farm

## Grade School Application Signature Form

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

Application for: \_\_\_\_\_  
Month Year

Full name of child: \_\_\_\_\_

Birth date: \_\_\_\_\_

Current Grade: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Please sign. Your signature gives SWSF permission to contact your child's former teacher.

\_\_\_\_\_