



# ADMISSIONS APPLICATION 2017-18

Applications are due with a nonrefundable fee of \$50.

## STUDENT INFORMATION (All fields must be completed)

Student's Name \_\_\_\_\_  
*first middle initial last date of birth*

Address \_\_\_\_\_  
*street city state zip*

Male  Female

**Morning Kindergarten** (8:15 am- Noon)     3-Day     4-Day     5-Day  
Indicate preferred days:     Monday     Tuesday     Wednesday     Thursday     Friday  
*In preparation for First Grade, we strongly encourage 5-year-olds to attend five days of Kindergarten*

**Afternoon Garden** (Noon- 3:15 pm)     Monday     Tuesday     Wednesday     Thursday     Friday  
*Please choose one to five afternoons*

**Elementary:** Entering Grade 1, 2, 3, 4, 5, 6, 7, 8 (*circle*)

Previous Schools Attended (if applicable)	Dates	Grade(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____

In what school district do you reside? \_\_\_\_\_

Will you arrange busing through your school district?     Yes /     No

## PARENT INFORMATION (All fields must be completed)

Parent/Guardian's Name \_\_\_\_\_  
*first middle initial last*

Address (if different than student's\*) \_\_\_\_\_  
*street*  
\_\_\_\_\_  
*city state zip phone number*  
\_\_\_\_\_  
*email address*

Parent/Guardian's Name \_\_\_\_\_  
*first middle initial last*

Address (if different than student's\*) \_\_\_\_\_  
*street*  
\_\_\_\_\_  
*city state zip phone number*  
\_\_\_\_\_  
*email address*

\* Are duplicate mailings (i.e. school notices, newsletters, etc.) requested for separate households?     Yes /     No

**PARENT INFORMATION continued**

Parent's Employer \_\_\_\_\_ work hours/days \_\_\_\_\_

Work Address \_\_\_\_\_  
street city state/zip phone number

Parent's Employer \_\_\_\_\_ work hours/days \_\_\_\_\_

Work Address \_\_\_\_\_  
street city state/zip phone number

Please list all **siblings** of student:

\_\_\_\_\_  
Name birth date grade/school

\_\_\_\_\_  
Name birth date grade/school

\_\_\_\_\_  
Name birth date grade/school

List names of Grandparents and/or Loved Ones for our mailing list: (Optional)

\_\_\_\_\_  
Name(s) address phone number

\_\_\_\_\_  
Name(s) address phone number

How did you learn about SWS? \_\_\_\_\_

**Form must be signed by a parent or legal guardian.**

**Parent / Guardian Signature**

**Date**

Please Note: A nonrefundable fee of \$50 must accompany this application. Application will not be processed without fee. Final acceptance is based upon personal interview by faculty member and the availability of space. Applicants are considered for admission without regard to race, religion, ethnic origin or sex.

**SUNSET PROGRAM (After School Care)**

This additional program is available to enrolled children in Pre-School through Eighth Grade. Sunset program fee is \$7.<sup>25</sup> per hour. Please complete this section to help us determine your potential needs for the upcoming school year. This program has limited spaces.

Sunset Program (3:15 – 5:30 p.m.):  Monday  Tuesday  Wednesday  Thursday  Friday

*Check which days you may need Sunset care*

**FOR OFFICE USE ONLY**

Route:  Admissions  Business Manager  Administrative Coordinator

Application Fee paid: Ck # \_\_\_\_\_ Date \_\_\_\_\_

**CHILD'S HISTORY**

*The following questions are personal and will give us insight into your child. Please answer them as completely as possible.*

Describe your pregnancy and childbirth? \_\_\_\_\_  
 \_\_\_\_\_

If adopted, at what age and under what circumstances? \_\_\_\_\_  
 \_\_\_\_\_

Parents' age at childbirth \_\_\_\_\_ Parent 1 \_\_\_\_\_ Parent 2

Birth Weight \_\_\_\_\_ Breast Fed-how long? \_\_\_\_\_

Age that child crawled \_\_\_\_\_ walked \_\_\_\_\_ spoke \_\_\_\_\_

Age that child cut first tooth \_\_\_\_\_ Age that child was toilet trained \_\_\_\_\_

Are there any letters or sounds child does not speak clearly, such as R, L, Y,D...? \_\_\_\_\_

Describe any influential events in child's life so far: \_\_\_\_\_

Illnesses (include measles, mumps, chicken pox, etc.) \_\_\_\_\_  
 \_\_\_\_\_

Current Health Considerations/Allergies \_\_\_\_\_

Current Medications \_\_\_\_\_

**Have any of the following ever been recommended for the student?**

	Date(s)	Please describe
<input type="checkbox"/> Independent Educational Plan (IEP)	_____	_____
<input type="checkbox"/> Testing for Learning Differences	_____	_____
<input type="checkbox"/> Psychological Testing or Counseling	_____	_____
<input type="checkbox"/> Testing regarding behavioral problems	_____	_____
<input type="checkbox"/> Tutoring or Special Support	_____	_____
<input type="checkbox"/> Other	_____	_____

***Please attach all copies of the test results (where applicable)***

Vulnerable areas in child's health: \_\_\_\_\_ lungs \_\_\_\_\_ stomach \_\_\_\_\_ ears \_\_\_\_\_ nose  
 \_\_\_\_\_ throat \_\_\_\_\_ constipation \_\_\_\_\_ diarrhea Please explain: \_\_\_\_\_

Is your child currently under the care of a health practitioner for any condition? If so, please explain:

\_\_\_\_\_

Does your child have any difficulty seeing, hearing, speaking, walking? Other ?

\_\_\_\_\_

## HOME AND FAMILY RHYTHMS

Please describe your child's daily schedule \_\_\_\_\_

\_\_\_\_\_

Present regular bedtime \_\_\_\_\_ PM Present arising time \_\_\_\_\_ AM Nap? \_\_\_\_\_

Does your child...  Awake on his/her own?  Have to be awakened?

Does he or she sleep through the night (nightmares?) \_\_\_\_\_

Describe eating habits and diet: \_\_\_\_\_

Favorite Foods \_\_\_\_\_

What responsibilities does your child have at home? \_\_\_\_\_

\_\_\_\_\_

How would you describe your child? \_\_\_\_\_

\_\_\_\_\_

Characterize your child's kindergarten experience? \_\_\_\_\_

\_\_\_\_\_

Characterize your child's experience of the early grades ? \_\_\_\_\_

\_\_\_\_\_

Languages spoken at home \_\_\_\_\_ Languages child speaks \_\_\_\_\_

Musical instrument experience, if any? \_\_\_\_\_

Do both parents reside in the home? \_\_\_\_\_ If not, does child have contact with both? \_\_\_\_\_

Describe arrangements \_\_\_\_\_

What do you consider to be your child's strongest aptitudes and traits of character? \_\_\_\_\_

\_\_\_\_\_

What traits do you wish to see strengthened? \_\_\_\_\_

\_\_\_\_\_

As a teacher, one wants to be sensitive to a child's religious background. How does religion or spirituality play role in your family life (optional)?

\_\_\_\_\_

Festivals/holidays your family celebrates \_\_\_\_\_

\_\_\_\_\_

PLAY

What activity does your family do together that your child enjoys? \_\_\_\_\_

\_\_\_\_\_

What kind of play and toys does child enjoy most/least? \_\_\_\_\_

\_\_\_\_\_

In what, if any, regular clubs, lessons, or activities does your child participate? \_\_\_\_\_

\_\_\_\_\_

If any, approximate daily times with TV/video/computer? \_\_\_\_\_

What are your views on television, video viewing, and computer use for your child? \_\_\_\_\_

\_\_\_\_\_

Relationship(s) to sibling(s) \_\_\_\_\_

What is child's outdoor play environment? \_\_\_\_\_

Do you wish to tell us anything else about your child? \_\_\_\_\_

\_\_\_\_\_

EXPECTATIONS

Are you applying to other independent schools? \_\_\_\_\_

Why have you chosen to apply to the Susquehanna Waldorf School? \_\_\_\_\_

\_\_\_\_\_

What are your expectations for your child's education? \_\_\_\_\_

\_\_\_\_\_

What is your background knowledge of Waldorf education? \_\_\_\_\_

\_\_\_\_\_

What do you think is the most important aspect of Waldorf Education, and how do you think it can help your child?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_