



ADMISSIONS APPLICATION 2018-19

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

Stepping Stone Toddler Program (8:30- 11:00 am) Session I (September – December)

Session II (January – May)

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 recommend 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:

<i>Name</i>	<i>birth date</i>	<i>grade/school</i>
_____	_____	_____
<i>Name</i>	<i>birth date</i>	<i>grade/school</i>
_____	_____	_____
<i>Name</i>	<i>birth date</i>	<i>grade/school</i>
_____	_____	_____

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

<i>Name(s)</i>	<i>address</i>	<i>phone number</i>
_____	_____	_____
<i>Name(s)</i>	<i>address</i>	<i>phone number</i>
_____	_____	_____

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 \$7.²⁵ 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?
