



## Application for Admission

My child is applying for:

- Immediate enrollment                       Fall enrollment                      School year \_\_\_\_\_
- 3-day Preschool/Kindergarten (Monday–Wednesday until 1:00 P.M.)
- Full 3-day Preschool/Kindergarten (Monday–Wednesday until 3:10 P.M.)
- 5-day Preschool/Kindergarten (until 1:00 P.M.)
- Full 5-day Preschool/Kindergarten (until 3:10 P.M.)
- Grade 1 (Applicants must be six years old by June 1 of the year of entry)
- Grade 2                       Grade 3                       Grade 4
- Grade 5                       Grade 6                       Grade 7                       Grade 8
- After school my child will attend the Extended Day Program (3:10–6:00 P.M.)

### Family information

Child's name \_\_\_\_\_

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

Birthplace \_\_\_\_\_

Gender \_\_\_\_\_

Race/Ethnicity (optional) \_\_\_\_\_

Parent's name \_\_\_\_\_

Birthplace \_\_\_\_\_

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

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_

Employer \_\_\_\_\_

Business/cell phone (circle one) \_\_\_\_\_

Title/Description of occupation \_\_\_\_\_

Parent's name \_\_\_\_\_

Birthplace \_\_\_\_\_

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

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_

Employer \_\_\_\_\_

Business/cell phone (circle one) \_\_\_\_\_

Title/Description of occupation \_\_\_\_\_

Person(s) accepting responsibility for financial obligations \_\_\_\_\_

If not living with both parents, with whom does the student live? \_\_\_\_\_

Please list the names of siblings and others living at home with your child:

Sibling's name \_\_\_\_\_

Age \_\_\_\_\_

School/college/other \_\_\_\_\_

Grade \_\_\_\_\_

Sibling's name \_\_\_\_\_

Age \_\_\_\_\_

School/college/other \_\_\_\_\_

Grade \_\_\_\_\_

Other's name \_\_\_\_\_

Relationship \_\_\_\_\_

Other's name \_\_\_\_\_

Relationship \_\_\_\_\_

## Child's current and previous education

Name of current school City, state Dates attended Present Grade

Subject enjoyed most Subject enjoyed least

Describe your child's experience in school this year and your reason(s) for leaving: \_\_\_\_\_

Name of school previously attended City, state Grades attended Reason for leaving

Name of school previously attended City, state Grades attended Reason for leaving

## Other information (please use additional space on back of application form if needed)

Child's activities (hobbies, sports, other) \_\_\_\_\_

Artistic/musical interests or talents \_\_\_\_\_

Languages spoken or studied \_\_\_\_\_

Preferred play \_\_\_\_\_

Bedtime on school nights on weekends

What role does media (TV, movies, videos, computer games, etc.) play in your child's life? \_\_\_\_\_

Please indicate the number of hours used daily and on weekends:

Television/movies/videos daily on weekends

Computer/game systems daily on weekends

What do you consider your child's strongest aptitudes and traits of character?

Which traits would you especially like to see strengthened? What other goals do you have for your child?

---

---

---

What would you like us to know about your child? Include any extraordinary events in child's life.

---

---

---

What kind of experience do you hope your child will have at The Waldorf School of Atlanta?

---

---

---

## Health and medical history

Please describe any health considerations the school should know about, such as allergies, major illnesses, accidents, therapies, and current medications: \_\_\_\_\_

---

Please describe any conditions, challenges, and/or learning differences experienced by your child and/or tutoring received.

---

---

Has your child ever received an educational, psychological and/or developmental evaluation?  Yes  No

If so, please submit copies of these evaluations. They will be strictly confidential.

## Waldorf School information

How did you become interested in The Waldorf School of Atlanta? (Check all that apply.)

- Current WSA family    Name: \_\_\_\_\_
- Other Waldorf school    Name: \_\_\_\_\_
- Private School Fair    Location: \_\_\_\_\_
- Community Festival    Location: \_\_\_\_\_
- Internet    Site: \_\_\_\_\_
- Advertising    Publication: \_\_\_\_\_
- Word of mouth    Specify: \_\_\_\_\_
- Other    Specify: \_\_\_\_\_

Have you attended a school tour/presentation?  Yes  No    Met with the Enrollment Director?  Yes  No

Have you read about Waldorf education and/or attended lectures or workshops? \_\_\_\_\_

If you are acquainted with families in our school, please list. \_\_\_\_\_

Signature of parent \_\_\_\_\_

Date \_\_\_\_\_

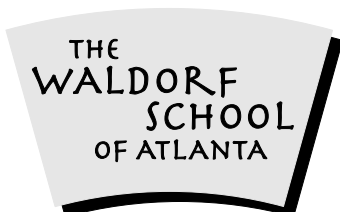
Signature of parent \_\_\_\_\_

Date \_\_\_\_\_

**Please enclose a non-refundable application fee of \$75 and a recent photograph of your child.**

To apply for tuition assistance, please request an application from the school office, or access the information from our website, [www.waldorfatlanta.org](http://www.waldorfatlanta.org).

*The Waldorf School of Atlanta is committed to having a diverse student body. The school considers applicants for admission without regard to race, religion, gender, sexual orientation, national and ethnic origin.*



827 Kirk Road    Decatur, Georgia 30030  
phone 404-377-1315    fax 404-377-5013  
e-mail [salston@waldorfatlanta.org](mailto:salston@waldorfatlanta.org)    web [www.waldorfatlanta.org](http://www.waldorfatlanta.org)