

Family Information

Applicant's Sibling(s):	Birth Date	Grade Level	School Attending
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Describe the applicant's relationship with his/her siblings: _____

Check one: Parents living together Parents divorced/separated Single parent Other

Parent/Guardian I is remarried

Parent/Guardian II is remarried

Stepparent's Name (if applicable) Dr. Mr. Mrs. Ms.

Stepparent's Name (if applicable) Dr. Mr. Mrs. Ms

Address

Address

City State Zip

City State Zip

Occupation or Position

Occupation or Position

Place of Employment

Place of Employment

Work Telephone

Work Telephone

Cell Phone

Cell Phone

Email Address

Email Address

Kimberton Waldorf School Relatives (optional)

Did (do) any relatives of this student attend KWS? Relationship to Student Year Graduated/Current Grade

_____	_____	_____
_____	_____	_____

Background Information (optional)

(Note: Answering these questions is optional. They are asked so that Kimberton Waldorf School can respond to requests for summary applicant data from the National Association of Independent Schools, from independent school guidebooks, and from other organizations. We are dedicated to fostering an educational environment broadly representative of those around us.)

Please identify student's racial/ethnic group.

- African American Caucasian Middle Eastern Native American
- Asian American Hispanic American Multiracial (specify) Other specify _____

Student's country of birth and/or citizenship _____ How long has applicant lived in the U.S.? _____
(If student not born in the U.S.)

Current School Information

This student is a resident of which Pennsylvania school district? _____

Name of Present School (and School District if different than above)	Grades Attended
Address	<input type="checkbox"/> Director <input type="checkbox"/> Principal <input type="checkbox"/> Counselor
City State Zip	Telephone Fax
Other Schools Previously Attended	Grades Attended

Educational Information

Foreign Languages Studied: _____ How many years? _____

Music Training/Instrument: _____ How many years? _____

Subjects enjoyed most/least: _____

Academic Strengths: _____

Academic Challenges: _____

Describe any academic support or accomodations received and/or needed: _____

What do you feel are your child's areas of strength, and what areas you would like to help your child develop further?

Is there any additional information you would like to share with regard to any academic, physical, medical or other issues/needs that your child has?

By signing this application, we affirm that we have provided all pertinent information and that all information provided is accurate, to the best of our knowledge:

Parent Signature

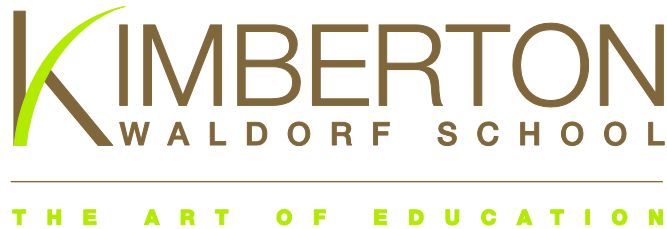
Date

Parent Signature

Date

A nonrefundable fee of \$75 must accompany this application. The application will not be processed without the fee. Final acceptance is based upon a personal interview with child, observation, and the availability of space in the class.

Kimberton Waldorf School does not discriminate on the basis of race, religion, gender, ethnic background, or national origin in admission of students, in financial aid grants, or in any program offered.



REQUEST FOR RECORDS

Please give this request to the Registrar of your present school.

Applicant's name _____

School _____

Date Student Enrolled _____

To the Registrar: This student is applying to Kimberton Waldorf School. Please send us the following records (if applicable):

- Academic Records (subjects and grades) for the past three years
- Health and Dental Records
- Standardized Testing Results
- Screening/Placement Records for Academically Talented Programs and Special Education Programs
- Psychological Testing and Evaluation
- Individual Educational Plans, Service Agreements, or Accommodations
- Records of Disciplinary Actions
- Attendance Records
- Other Pertinent Documents

I hereby give my permission to _____

School to release the records of _____ to Kimberton Waldorf School.

Signature of Parent/Guardian

Date

**Please send records to:
Admissions Office, Kimberton Waldorf School
PO Box 350, Kimberton, PA 19442**

CONFIDENTIAL

Name of Student _____ Current Grade _____
 School _____ Date _____
 Address _____ Phone _____
 Your name (print) _____ Position _____
 How long have you known this applicant? _____ (Years / months)

<i>Compared to other students whom you have taught, please check (✓) how you would rate this student:</i>	Exceeds Expectations	Meets Expectations	Needs Development
Attention skills			
Creativity, original thinking			
Motivation			
Ability to work independently			
Study habits			
Follows directions			
Intellectual curiosity			
Participation in class discussion			
Initiative in seeking help			
Oral expression of ideas			
Written expression of ideas			
Reading			
Mathematics			
Problem solving			
Small motor development			
Large motor development			

1. What are the first words that come to your mind that best describe this student?

2. Emotional development: feels good about him/herself, accepts limits and routine, makes transitions, handles frustration

3. Personal qualities: leadership, character, honesty, sense of humor, responsibility, concern for others

4. Interaction with other students: cooperation, respects the rights of others, willingness to share, takes responsibility for own action

5. Academic strengths/weaknesses/learning style(s)

6. Child's relationship with parents

7. Parent cooperation and involvement

8. To your knowledge is the parents' perception of the student compatible with the school's understanding of the student?

9. Comments or other information you believe might be helpful. Please feel free to attach additional pages if necessary:

Teacher's Signature

Date

Thank you for your time in completing this form. Please make a copy for your records and return a copy to Kimberton Waldorf School Admissions office.