

Applicant Information

| | |
|--|---|
| Full Name | Preferred Nickname |
| Mailing Address | Present Grade |
| City State Zip | Applying for Grade |
| Telephone | Applying for Year |
| Date of Birth | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Has this student applied to Kimberton Waldorf School before? <input type="checkbox"/> Yes <input type="checkbox"/> No For what year? _____ Which grade? _____ | |

Parent/Guardian Information

| | |
|--|---|
| Parent/Guardian I <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. | Parent/Guardian II <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. |
| <input type="checkbox"/> Sole legal custody of student. <input type="checkbox"/> Joint legal custody of student. | <input type="checkbox"/> Sole legal custody of student. <input type="checkbox"/> Joint legal custody of student. |
| Address (If different from above) | Address (If different from above) |
| City State Zip | City State Zip |
| Home Phone | Home Phone |
| Occupation or Position | Occupation or Position |
| Place of Employment | Place of Employment |
| Work Phone | Work Phone |
| Cell Phone | Cell Phone |
| Email Address | Email Address |

The Admissions Office should use which phone during the Admissions Process? Parent I Parent II Both Other _____
 To whom should Admissions Office correspondence be sent? Parent I Parent II Both Other _____

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

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

Steparent'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 accommodations received and/or needed: _____

Descriptive Information

Why are you seeking a Waldorf Education for your child?

Describe your family's relationship to media (television, computers, videos, video games, etc.)

Does your child have any particular hobbies, special interests, or out of school activities?

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

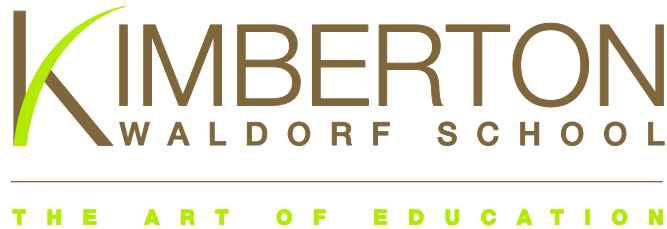
Date

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> | Usually | Sometimes | Seldom* | Comments |
|--|----------------|------------------|----------------|-----------------|
| Separates from parents with ease | | | | |
| Maintains cooperative peer relationships | | | | |
| Is able to lead | | | | |
| Is able to follow | | | | |
| Is able to play alone happily | | | | |
| Is able to play with others | | | | |
| Is able to focus on an activity | | | | |
| Is able to complete an activity | | | | |
| Respects classroom limits | | | | |
| Follows directions | | | | |
| Is able to handle transition times | | | | |
| Participates as appropriate in: | | | | |
| Creative play | | | | |
| Clean-up | | | | |
| Circle | | | | |
| Bathroom | | | | |
| Snack | | | | |
| Rest | | | | |
| Outdoor Time | | | | |
| Story | | | | |
| Movement/Eurythmy | | | | |

| | Usually | Sometimes | Seldom* | Comments |
|--------------------|---------|-----------|---------|----------|
| Shows interest in: | | | | |
| Crayoning | | | | |
| Painting | | | | |
| Modeling/Beeswax | | | | |
| Handwork | | | | |
| Baking | | | | |
| Other | | | | |
| Shows skills in: | | | | |
| Crayoning | | | | |
| Painting | | | | |
| Modeling/Beeswax | | | | |
| Handwork | | | | |
| Baking | | | | |
| Other | | | | |

| | Outstanding | Age Appropriate | Needs Development | Comments |
|---|-------------|--------------------|----------------------|----------|
| Large motor ability/coordination | | | | |
| Ability to jump rope, skip, and gallop | | | | |
| Small motor ability/coordination | | | | |
| Ability to finger knit, work with beeswax (model), use scissors, and grip crayons | | | | |
| Speech development: | | | | |
| Articulation | | | | |
| Ability to express ideas | | | | |
| Listening skills | | | | |
| Ability to repeat a verse or a song | | | | |
| | | | | |

Is dominance established? Yes No If yes, please specify left or right_____

Can this child easily sustain normal classroom activity throughout the week without signs of stress or exhaustion? Yes No If no, please elaborate.

Is this child often ill? Yes No If yes, please elaborate.

Can this child carry a tune and sing on pitch? Yes No

Please comment on the child’s quality of speaking voice.

Please comment on the child’s quality of singing voice.

Further comments:

Please include any observations on the child’s physical development (i.e., teeth, development of the waist and neck incisions, stretching of limbs).

How many years has the parent/family been at the school?

Please describe parent participation. Have they attended parent meetings, helped with fundraising projects, joined a study group, attended talks, worked on committees in the school, etc? Have the parents shown willingness to work with you and your suggestions? Are there special family circumstances (i.e., blended family, single parent household, etc.)?

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.