**Applicant Information**

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Name</td>
<td></td>
</tr>
<tr>
<td>Preferred Nickname</td>
<td></td>
</tr>
<tr>
<td>Mailing Address</td>
<td></td>
</tr>
<tr>
<td>Present Grade</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>Applying for Grade</td>
<td></td>
</tr>
<tr>
<td>Telephone</td>
<td></td>
</tr>
<tr>
<td>Applying for Year</td>
<td></td>
</tr>
<tr>
<td>Date of Birth</td>
<td>Male</td>
</tr>
<tr>
<td>Has this student applied to Kimberton Waldorf School before?</td>
<td>Yes</td>
</tr>
<tr>
<td>For what year?</td>
<td>Which grade?</td>
</tr>
</tbody>
</table>

**Parent/Guardian Information**

<table>
<thead>
<tr>
<th>Parent/Guardian I</th>
<th>Parent/Guardian II</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Mr. Mrs. Ms.</td>
<td>Dr. Mr. Mrs. Ms.</td>
</tr>
<tr>
<td>Address (If different from above)</td>
<td>Address (If different from above)</td>
</tr>
<tr>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>Home Phone</td>
<td></td>
</tr>
<tr>
<td>Occupation or Position</td>
<td></td>
</tr>
<tr>
<td>Place of Employment</td>
<td></td>
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<tr>
<td>Work Phone</td>
<td></td>
</tr>
<tr>
<td>Cell Phone</td>
<td></td>
</tr>
<tr>
<td>Email Address</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Applicant's Sibling(s):</th>
<th>Birth Date</th>
<th>Grade Level</th>
<th>School Attending</th>
</tr>
</thead>
<tbody>
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</table>

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.

Address

City  State  Zip

Occupation or Position

Place of Employment

Work Telephone

Cell Phone

Email Address

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

Address

City  State  Zip

Occupation or Position

Place of Employment

Work Telephone

Cell Phone

Email Address

## Kimberton Waldorf School Relatives (optional)

<table>
<thead>
<tr>
<th>Did (do) any relatives of this student attend KWS?</th>
<th>Relationship to Student</th>
<th>Year Graduated/Current Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

Kimberton Waldorf School * Admissions Office * PO Box 350, Kimberton, PA 19442 * 610.933.3635 x108

admissions@Kimberton.org * Fax 610.935.6985

Updated 12.7.16
**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

- [ ] Director
- [ ] Principal
- [ ] 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?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
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________________________________________________________________________
________________________________________________________________________

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

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

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Kimberton Waldorf School * Admissions Office * PO Box 350, Kimberton, PA 19442 * 610.933.3635 x108
admissions@Kimberton.org * Fax 610.935.6985

Updated 12.7.16
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
Office of Admissions
Student Questionnaire
For students applying for grades 5-8

Name of Student ____________________________  Current Grade ______

Applicants, please answer in your own words and handwriting. Feel free to use an extra page.

Write a paragraph describing your special interests (music, art, sports, hobbies, etc.):

________________________________________________________________________

________________________________________________________________________

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________________________________________________________________________

Describe what you have most recently been studying in English, Mathematics, Science, and Foreign Language. In general, what has been your experience with these subjects:

________________________________________________________________________

________________________________________________________________________

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________________________________________________________________________

________________________________________________________________________
List the books you have read recently and explain why you liked (or disliked) them:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

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______________________________________________________________________________

Please describe your favorite teacher and what makes that person special to you:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

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Do you play an instrument? What kind of music do you enjoy?

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

*Please attach to student application.*
CONFIDENTIAL

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

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

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.