

Eugene Waldorf School

Application for Interview for Grades 1-8

Applying for School Year: _____ Grade: _____ Today's Date: _____

Full Name of Child: _____ Date of birth: _____ Gender: M F
(circle one)

Parent 1: _____ Home phone: _____

Address: _____
Street City State Zip

Occupation: _____ Work phone: _____ Cell phone: _____

E-mail address: _____

Parent 2: _____ Home Phone: _____

Address: _____
Street City State Zip

Occupation: _____ Work phone: _____ Cell phone: _____

E-mail address: _____

How long have you lived in the area? _____

How familiar are you with Waldorf Education? _____

Have you read any books concerning Waldorf education? If so, please list (include lectures, workshops, etc.): _____

Why have you brought your child to this school? What would you like to see your child receive from his/her school experience?

How long would you expect your child to be at the Eugene Waldorf School? _____

Are you applying to any other schools? _____ If so, which one(s)? _____

How did you hear of this school? _____

Religious or spiritual affiliation? _____

If your child does not live with both parents, please describe the child's living situation; include custodial and visitation arrangements:

Please list the names, ages, and gender of other children in the family:

Are other adults living in your home? Please explain _____

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Health Profile and Home Life

Events in children's earliest years can have both subtle and profound effects on their later life. While some of the following questions may not seem to apply to your child's current situation, they are designed to bring parents and teachers together in forming the broadest possible picture of your child's development and daily life.

How was the pregnancy? The birth? Was the baby delivered by Caesarean Section? _____

Were there any special conditions or health concerns for mother or baby? _____ If so, please describe _____

Was your child adopted? _____ If so, at what age? _____ Does your child know? _____

When did your child begin to crawl? _____ Was there anything unusual in his/her crawl? _____

When did your child begin to walk? _____ Talk? _____

Were there any challenges during early childhood with the eyes, ears, speech, coordination, skin, or digestion? Please be specific:

Was there any early psychological trauma your child experienced? _____ If so, please describe _____

Please indicate the illnesses your child has had, and at what age:

Chicken pox _____ Whooping Cough _____ Scarlet Fever _____

Ear infections _____ Seizures _____ Other? _____

Has your child had any serious injuries, illnesses, accidents, or surgery? _____ If so, please describe briefly: _____

Has your child had a vision exam? _____ If so, when and where? _____

Does your child wear glasses? _____ For what condition? _____

Does your child have allergies? _____ Please describe: _____

Is your child on any medication? _____ For what condition? _____

Are there any current health concerns? _____ Please describe: _____

What kinds of activities does your family enjoy together? _____

How regular is your child's home life? (meals, bedtime, storytime, chores, baths, etc.) _____

What meals do you share as a family? _____ Any special diet? _____

What time is your child's bedtime on weekdays? _____ On weekends? _____

Does your child have any trouble falling or staying asleep? _____ Does your child sleep in his/her own bed? _____

All night? _____ Does your child wet the bed? _____

Describe what you do when your child does not meet your standards of behavior: _____

What language(s) are spoken at home? _____

What kind of music do you and your child listen to at home? _____

Does your child use a computer or video games? _____ How often? _____ For how long? _____

Does your child watch television or videos? _____ When? _____ How often and for how long? _____

If age-appropriate alternatives were suggested, would you have any difficulty limiting or eliminating television and video viewing, movie-going, video game playing or computer time for your child? Please explain your answer: _____

School History

Schools attended (including EWS); please include dates and grades:

Name of most recent teacher: _____ Phone: _____

Subjects enjoyed most: _____ Least: _____

Activities outside school (hobbies, sports, classes, other programs): _____

Artistic interests or talents: _____

How is your child socially with peers? _____

Is there any family history of learning challenges? _____ If so, please describe: _____

Does your child have any learning challenges that you are aware of? _____ If so, please describe: _____

Has your child ever undergone psychological, developmental, or educational testing or treatment? _____

If so, please describe: _____

_____ Where: _____

Does your child have any special needs or fears? _____ If so, please describe: _____

Which hand does your child use for drawing or writing? _____

In a paragraph, please try to give a picture of your child: his or her interests, strengths, challenges, tendencies, outstanding characteristics, etc. (if necessary, please write on a separate piece of paper):

Do you have any questions regarding the Waldorf curriculum or the Eugene Waldorf School? _____

The Eugene Waldorf School has my permission to contact _____'s previous school(s), teachers, physicians and
name of child counselors.

Thank you. (All information will be kept confidential.) We require signatures of both parents below:

Signature of Parent or Guardian _____ Date _____

Signature of Parent or Guardian _____ Date _____

Thank you for your interest in the Eugene Waldorf School. When you complete and return this application with your \$50 non-refundable application fee, you will receive a confirmation call from our Enrollment Coordinator.

Please return to: **The Eugene Waldorf School**, 1350 McLean Blvd., Eugene, OR 97405-1998

(541) 683-6951 www.eugenewaldorf.org

The Eugene Waldorf School is an independent, nonprofit, nondiscriminatory school.

DATE & INITIAL EACH:

FOR OFFICE USE ONLY

App. rcv'd.: _____ Confirmed: _____ Logged: _____ Interviewed by: _____ Accepted: Y N; Enroll. Pkt. Sent: _____

Folder: _____ Database: _____ Notes: _____

RECEIVED: Immunization: _____ Enroll. Form: _____ Tuition Deposit: _____ Tuition Assist.: _____ Tu. Contract: _____

Fall Packet: _____ Sch. Records: _____ **COPIES MADE FOR:** ASC: _____ Emgncy. Folder: _____ Emgncy. File: _____