

# APPLICATION for ENROLLMENT

Please attach a non-refundable \$50 check

Date of Application \_\_\_\_\_ For School Year \_\_\_\_\_ Entering Grade \_\_\_\_\_

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_

Birthplace \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent I \_\_\_\_\_ Home Phone \_\_\_\_\_

E-mail (please print) \_\_\_\_\_

Home Address \_\_\_\_\_ Work Phone \_\_\_\_\_

\_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_ Occupation \_\_\_\_\_

Parent II \_\_\_\_\_ Home Phone \_\_\_\_\_

E-mail (please print) \_\_\_\_\_

Home Address \_\_\_\_\_ Work Phone \_\_\_\_\_

\_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_ Occupation \_\_\_\_\_

If child is adopted: Age at adoption \_\_\_\_\_ Does the child know? \_\_\_\_\_

Emergency Contact (Other than Parents) \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Family physician \_\_\_\_\_ Phone \_\_\_\_\_

Family dentist \_\_\_\_\_ Phone \_\_\_\_\_

If child has had previous schooling, please provide name and address of school(s) attended:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide the names and phone numbers of two of your child's recent teachers. May we contact them?

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_

How did you hear about our school? \_\_\_\_\_

What are you hoping to find in this education for your child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Names and ages of other children in the family: \_\_\_\_\_

Please tell us a bit about your child, i.e., special interests, particular challenges, school experiences, hobbies, etc. \_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any health problems of which we should be aware? Is your child on any medication(s)?\_  
\_\_\_\_\_  
\_\_\_\_\_

To give us a better idea of your child's activities and influences, please note how many hours/week are spent at the following:

- |                    |                      |                   |
|--------------------|----------------------|-------------------|
| Sleep _____        | Videos _____         | Video games _____ |
| Outdoor play _____ | Theatre movies _____ | Television _____  |
| Indoor play _____  | Sleepovers _____     | Plays _____       |

Further comments: \_\_\_\_\_  
\_\_\_\_\_

IF my child is accepted, and enrolled, at the Santa Fe Waldorf School, I hereby grant permission to the Santa Fe Waldorf School to seek emergency medical treatment for this child. Should an emergency arise, it is understood that a conscientious effort will be made to locate the undersigned parent(s) before any action is taken. IF, however, it is not possible to locate either parent, the decisions of the representative of the school will be accepted by me. I also give permission for my child to go on trips away from the school campus whether on foot or by vehicle.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

THE SANTA FE WALDORF SCHOOL admits students of any race, color, sex, national or ethnic origin to all rights, privileges, programs and activities generally accorded and made available to students of the school. It does not discriminate on the basis of race, color, sex, national or ethnic origin, or sexual orientation in the administration of its educational policies, admission policies, tuition assistance, or other school programs.