



Lower School, Grades 1-8

DATE OF APPLICATION

APPLICANT INFORMATION

Entry Date (MONTH/YEAR)

Student's Name (LAST/FIRST/MIDDLE)

Male Female

Date of Birth (MONTH/DAY/YEAR)

Address (STREET)

Social Security Number

(CITY/STATE/ZIP)

Telephone

Country of Birth

Country of Citizenship

Applying for Grade Current Grade

Extended Day Program (3:00-5:30) YES | NO

SCHOOL INFORMATION

Present School

Your Local School District (IMPORTANT)

Present School Address (STREET/CITY/STATE/ZIP)

Present School Telephone

May we send for records?

yes no

Parent's Signature

FAMILY INFORMATION

Parent's Name Male Female

Parent's Name Male Female

Address (IF DIFFERENT FROM APPLICANT)

Address (IF DIFFERENT FROM APPLICANT)

Phone (IF DIFFERENT FROM APPLICANT)

Phone (IF DIFFERENT FROM APPLICANT)

Cell Phone

Cell Phone

Email

Email

Occupation

Occupation

Name of Employer

Name of Employer

Business Address

Business Address

Business Phone

Business Email

Business Phone

Business Email

PARENTS' MARITAL STATUS Married Separated Divorced Single Remarried Other

If parents live separately, to whom should correspondence be sent?

Please supply any pertinent information about child's stepparents and/or guardians

EMERGENCY INFORMATION

Person to notify in event of an emergency

Telephone

Relationship to applicant

How will student get to school? Bus Carpool Walk Driven by parent Other _____

Please list all siblings of applicant:

Name _____ Birthdate _____ Grade/School _____

Name _____ Birthdate _____ Grade/School _____

Name _____ Birthdate _____ Grade/School _____

How did you learn about Green Meadow Waldorf School? _____

Please list relatives who have attended Green Meadow Waldorf School _____

CHILD'S HISTORY

Describe pregnancy _____

Describe delivery _____

_____ Early _____ Hospital _____ C-Section _____ Birthing Center _____ Home

If adopted, please indicate age of child at adoption and circumstances of adoption _____

Age of teething _____ crawling _____ walking _____ talking _____

When did child first speak words or sentences? _____

Illnesses (include measles, mumps, chicken pox, etc.) _____

Allergies _____ Does child require use of an Epi-pen? YES | NO

Injuries sustained _____

Describe your child's current state of health _____

Does your child take any medications? _____

Food preferred _____

Eating habits _____

Sleeping habits (length, ease with which child falls asleep, dreams, nightmares) _____

Please describe your child's personality _____

