

# Davis Waldorf School

3100 Sycamore Lane • Davis, CA 95616 • (530) 753-1651

## APPLICATION FOR INTERVIEW FOR GRADE \_\_\_\_\_ FOR SCHOOL YEAR \_\_\_\_\_

Child's Full Name: \_\_\_\_\_

Name or Nickname Child Prefers: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Are you a current parent at Davis Waldorf? \_\_\_\_\_ Have you been on a tour of the school? \_\_\_\_\_

**Please attach a recent photo of your child to this application.**

### PARENT/GUARDIAN INFORMATION

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

### MOST RECENT SCHOOL

Present Grade: \_\_\_\_\_ Present School: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

School phone number or teacher contact number: \_\_\_\_\_

*I give permission to the Davis Waldorf School to speak with my child's previous teacher*

Signed: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Date: \_\_\_\_\_

## ACADEMIC AND SOCIAL HISTORY

1. Previous School(s)	Address	Dates	Grades
-----------------------	---------	-------	--------

---

---

Subjects most enjoyed in school: \_\_\_\_\_

Subjects enjoyed least: \_\_\_\_\_

Academic strengths: \_\_\_\_\_

---

Academic challenges: \_\_\_\_\_

---

2. Please describe any learning or behavioral challenges that you or others may have observed:

---

---

3. Please describe your child's social interaction with his/her peers: \_\_\_\_\_

---

---

4. Please describe your child's general disposition or temperament, including observations, insights or concerns):

---

---

5. Please describe your child's artistic interests and activities outside school (classes, hobbies, sports, entertainment, etc.): \_\_\_\_\_

---

---

---

## HEALTH INFORMATION

1. Please describe your child's present health: \_\_\_\_\_  
\_\_\_\_\_
2. Can your child participate in all routine physical activities? Yes / No If no, please describe any physical challenges:  
\_\_\_\_\_
3. Please list any food, drug, or environmental allergies: \_\_\_\_\_  
\_\_\_\_\_
4. Please list any current medications, supplements, and/or treatments, and why prescribed: \_\_\_\_\_  
\_\_\_\_\_
5. Please describe any medical conditions or physical issues your child has (e.g. vision, hearing, speech, movement, sensory integration, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Please list the approximate date of your child's most recent:  
Medical check-up: \_\_\_\_\_ Dental check-up: \_\_\_\_\_  
Immunizations: \_\_\_\_\_ When did child lose first their tooth? \_\_\_\_\_  
Vision check-up: \_\_\_\_\_ Hearing check-up: \_\_\_\_\_  
Does child require eyeglasses? Yes / No Does child require hearing aid? Yes / No
7. Has your child had (or been recommended to have) educational testing, evaluation, or assessment?  
Yes / No If yes, please include a copy of the report or why it was not completed.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## FAMILY LIFE AND EMOTIONAL DEVELOPMENT

1. With whom does the student live? Please describe your child's living arrangement:

---

---

1. Please describe your child's daily chores:

---

---

2. Please describe your child's daily routine, including times, for meals and bedtime:

---

---

---

3. Please list sisters and brothers (name, age, grade in school, name of school):

---

4. Please describe your child's relationship with his/her sibling(s):

---

---

5. Please describe how you discipline your child at home.

---

---

---

7. Has your child had any emotional difficulties? Yes/ No If yes, please describe: \_\_\_\_\_

---

8. Average daily hours of TV: \_\_\_\_\_ DVDs: \_\_\_\_\_ Radio: \_\_\_\_\_ Computer \_\_\_\_\_ Other Electronics\* \_\_\_\_\_

Hours of weekend TV: \_\_\_\_\_ DVDs: \_\_\_\_\_ Radio: \_\_\_\_\_ Computer \_\_\_\_\_ Other Electronics\* \_\_\_\_\_

\* Cell Phone, ipod, video games, etc.

## APPLICATION PROCESS

1. Please give your reasons for applying to the Davis Waldorf School. What are your hopes and expectations for your child's educational experience?

---

---

---

2. How long do you plan on having your child attend Davis Waldorf School?

Through Pre-K K 1 2 3 4 5 6 7 8 (please circle)

3. What is your familiarity with Waldorf education? \_\_\_\_\_

---

4. How did you hear about the Davis Waldorf School? \_\_\_\_\_

---

5. What is it about Waldorf education and curriculum that you value most? \_\_\_\_\_

---

6. Do you have any concerns about the Waldorf methodology? \_\_\_\_\_

---

7. Please list any questions you may have for the teacher: \_\_\_\_\_

---

---

8. Is enrollment dependent upon financial assistance? \_\_\_\_\_

9. Please list who will sign the enrollment agreement and be responsible for payment of tuition and other school costs:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

*//We understand that all financial arrangements for tuition payments will be made through the administrative office, and that the \$50.00 application fee is non-refundable.*

Signature of parent: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent: \_\_\_\_\_ Date: \_\_\_\_\_

"The Davis Waldorf School admits students, welcomes families and does not discriminate on the basis of any race, color, religion, familial status, sexual orientation, physical or mental disability, pregnancy, national origin, ancestry, and gender identity to all the rights, privileges, programs and activities generally accorded or made available to students and their families in the school.