



The Waldorf School of St. Louis

Application for Admission**Date of Application**

Please answer all applicable questions.

Student's Full Legal Name _____ Birthdate _____

Student's Address _____

City, State, Zip _____

Applying for Class _____ Number of Days _____ Mornings Full

Desired Date of Entry _____ Current Class (if any) _____

Student is Female Male Student likes to be called _____

For demographic purposes only:

Student is African American Asian/Pacific Caucasian East Indian European Hispanic Middle Eastern

Native American Multi-Racial _____

Student's Parent or Legal Guardian

Name _____

Relationship to student _____

Home Address _____

City, State, Zip _____

Occupation _____

Employer _____

Cell Phone _____

Home Phone _____

Work Phone _____

Email _____

Student's Parent or Legal Guardian

Name _____

Relationship to student _____

Home Address _____

City, State, Zip _____

Occupation _____

Employer _____

Cell Phone _____

Home Phone _____

Work Phone _____

Email _____

Student's Parent or Legal Guardian

Name _____

Relationship to student _____

Home Address _____

City, State, Zip _____

Occupation _____

Employer _____

Cell Phone _____

Home Phone _____

Work Phone _____

Email _____

Student's Parent or Legal Guardian

Name _____

Relationship to student _____

Home Address _____

City, State, Zip _____

Occupation _____

Employer _____

Cell Phone _____

Home Phone _____

Work Phone _____

Email _____

Please star (*) above which address(es) to use for all correspondence about this application. To complete the application process, please provide documentation of current custody agreement and contact information for all parents/guardians.

Are parents separated? Yes No Divorced? Yes No If yes, who has legal custody? _____

What is the student's primary address? _____

In order to keep grandparents or special friends informed of school activities, they are sent invitations to special events. Please provide names and addresses of living grandparents or special friends:

First Name	Last Name	Address	City	State	Zip	Email
------------	-----------	---------	------	-------	-----	-------

First Name	Last Name	Address	City	State	Zip	Email
------------	-----------	---------	------	-------	-----	-------

First Name	Last Name	Address	City	State	Zip	Email
------------	-----------	---------	------	-------	-----	-------

First Name	Last Name	Address	City	State	Zip	Email
------------	-----------	---------	------	-------	-----	-------

School(s) student has attended

(If student has previously attended other schools, please submit a records release form with this application.)

Name of School	Address (City, State, Zip)	Attendance Dates	Grade(s)
----------------	----------------------------	------------------	----------

Name of School	Address (City, State, Zip)	Attendance Dates	Grade(s)
----------------	----------------------------	------------------	----------

Subjects enjoyed most _____

Subjects enjoyed least _____

School activities (clubs, teams, orchestra, etc.) _____

Activities outside school (hobbies, scouting, music, etc.) _____

What language is spoken at home? _____

Has your child ever studied a foreign language? If so, please specify. _____

What do you consider student's strongest aptitudes and traits of character? _____

What traits would you especially like to see strengthened? _____

Media: The Waldorf School of St. Louis asks families to restrict television, radio, and computer use at home.

Does your child use the computer or play computer games? _____ How often? _____

Does your child watch TV or videos? _____ Which programs? _____

How often? _____ How long _____ When? _____

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

Are you willing to adjust your child's scheduled extracurricular activities for appropriateness for your child's age? _____

Special Considerations

Please share some observations about your child's learning style. _____

Do you have any concerns about your child's learning style? Yes No

Has your child been diagnosed with a learning challenge? Yes No

Does your child have an IEP or an IFSP? Yes (If yes, please provide WSSL with a copy.) No

Does your child have any health issues about which we should be aware? Yes No

Does your child regularly take prescription medication? Yes No

Do you have any concerns about your child's social-emotional development? Yes No

Has your child ever struggled with behavioral or discipline issues at school? Yes No

If you replied "yes" to any of the above, please describe and provide details. _____

Additional information

Other children in student's family (name, age, school attending) _____

Name of relatives and/or friends who attend(ed) The Waldorf School of St. Louis or any other Waldorf school: _____

Name of person, publication, event, or media where you first heard about WSSL: _____

Signature of Parent(s) or Legal Guardian(s) _____ Date _____
_____ Date _____

APPLICATION FOR EARLY CHILDHOOD

What time does your child wake up? _____

Does your child eat breakfast? If yes, what time? What does s/he enjoy eating? _____

Does your child eat snack? If so, when and what kind of snacks? _____

Does your child nap? If so, when and how long? _____

How often does your child play outside and what are their favorite activities? _____

What time does your child eat dinner? _____

What time does your child go to bed? _____

How many hours of sleep does your child get at night? _____

Does your child wake up at night? If so, how often? _____

Is your child in underwear during the day time (including nap time)? _____

How independent is your child when s/he uses bathroom? What help does s/he need? _____

At what age did your child start to crawl? _____

At what age did your child stand? _____

At what age did your child start to walk? _____

Do you have any concerns about your child's large motor skills (e.g. balance, coordination, climbing, skipping, throwing a ball)? _____

Can your child communicate his/her needs? _____

Can your child be understood, and can s/he understand others? _____

Do you have any concerns about your child's language development? _____

Any serious illness or other special health concerns we need to be aware of? _____

STUDENT APPLICATION FOR GRADES FOUR THROUGH EIGHT *To be completed by incoming student*

We would like to offer you, the student, the opportunity to tell us about yourself. By answering these questions, you are giving us insight into who you are. Please handwrite your answer on this form or attach a separate sheet.

Please include a copy of your favorite writing sample and a copy of a math sample that you have turned in to your teacher last year and that your teacher has returned to you with comments.

What is your favorite subject in school? Why is it your favorite?

What book have you enjoyed reading recently? Why?

What are some of your favorite things to do when you have free time?

Tell us about someone you admire and why?

What do you like best about yourself and why?

How have you spent the last two summers?

The above questions and attached work samples represent my own honest and original effort.

Signature of Student _____ Date _____

TUITION EXPENSES

Please indicate below the person who will be responsible for the school expenses. If this person is not listed as a parent/legal guardian, please add their contact information.

*At the time of enrollment, the Tuition & Enrollment Contract must be signed by the parent(s)/legal guardian(s) **AND** person responsible for school expenses.*

Name _____ Relationship to Student _____

Address _____

City, State, Zip _____

Cell Phone _____ Home Phone _____

TUITION ASSISTANCE

Do you plan to apply for the Tuition Assistance Program? Yes No

If yes, please complete the tuition assistance application by uploading your information at <https://online.factsmgmt.com/signin/4K2WX>. Tuition Assistance is based on financial need and special circumstances and is granted on a first-come, first-served basis.

If you are applying for tuition assistance, your tuition assistance application through FACTS must be completed at the time of submitting an application for admission to WSSL.

REFERRAL

Have you been referred by a current family attending WSSL? Yes No

If yes, which family (please list only one)? _____