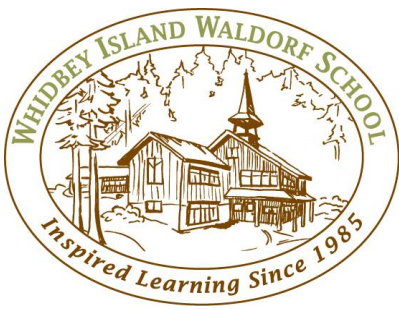


# WHIDBEY ISLAND WALDORF SCHOOL



## **APPLICATION FOR ADMISSION**

~ Middle School: Grades 6 - 8 ~



**Whidbey Island Waldorf School**

P.O. Box 469, Clinton, WA 98236  
Phone: 360.341.5686  
karina@wiws.org  
www.wiws.org

Please Attach  
A  
Recent  
Photo

FOR THE SCHOOL YEAR

**APPLICATION FOR ADMISSION**

**20\_\_ -- 20\_\_**

**Student Applicant**

APPLICANT'S NAME \_\_\_\_\_

TODAY'S DATE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

GENDER  MALE  FEMALE

**Applying For Grade:**

- Grade 6
- Grade 7
- Grade 8

Ethnicity for US Census Bureau Annual Report (optional)

Black  Asian  American Indian  Hispanic  White  Other \_\_\_\_\_

**Parent or Guardian One**

**Parent or Guardian Two**

LAST NAME \_\_\_\_\_

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_  Male  Female

FIRST NAME \_\_\_\_\_  Male  Female

ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_

HOME PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

EMAIL \_\_\_\_\_

EMPLOYER \_\_\_\_\_

EMPLOYER \_\_\_\_\_

POSITION \_\_\_\_\_

POSITION \_\_\_\_\_

Child lives with:  Both Parents  Mother  Father  Other \_\_\_\_\_

Does the adult this child lives with have legal custody?  Yes  No

Correspondence and School Directory should include  Mother  Father  Both

Please indicate the best way to reach you (select all that apply)

Home Phone  Cell Phone  Work Phone  Email  Other \_\_\_\_\_

# PARENT QUESTIONNAIRE

## HEALTH

How is your child's health? Please list any concerns, conditions, injuries, or extended hospital stays

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Allergies (drug, food, environmental) \_\_\_\_\_

Medications currently in use \_\_\_\_\_

Has the applicant had any physical, emotional or behavioral challenges? If so, please explain

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## HOME AND FAMILY RHYTHMS

Does your child play a musical instrument?  Yes  No If so, which one(s) \_\_\_\_\_

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Does your child like to act, sketch, paint, or sculpt? Please list any artistic activity your child seeks out (visual, dramatic, or other)

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Does your child play any team or individual sports? If so, please list \_\_\_\_\_

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What are your child's hobbies? How does he/she spend her spare time?

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What role do TV, videos, and computer games play in your household? Please indicate how often (number of hours and days) your child is engaged with these activities \_\_\_\_\_

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Does your child have regular chores or responsibilities in the home? What are they? \_\_\_\_\_

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Please describe any circumstances in your child's home, family or environment which may have had supportive or negative effects on his or her personal or school life. \_\_\_\_\_

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## ACADEMIC HISTORY

Would you say your child demonstrates academic excellence in some areas? If yes, please elaborate

Yes  No

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Has your child had any learning problems or academic challenges? If yes, please explain

Yes  No

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Has your child repeated a grade? If yes, please explain

Yes  No

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What subjects does your child enjoy the most and least? \_\_\_\_\_

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Does your child read on his own, for pleasure? If so, what are some books he/she has read recently \_\_\_\_\_

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***\*Please write a paragraph below describing your son or daughter including any information that would help us know him/her better including temperament, strengths, weaknesses, etc.***

***\*Please use the space below or the back of this application to write about:***

***a) why you have chosen Waldorf education for your child;***

***b) why you have chosen the Whidbey Island Waldorf School in particular;***

***c) your familiarity and willingness to learn about Waldorf Education;***

***d) your family - please introduce yourself to us, what gifts do you bring to this community and what do you hope to receive.***

**Previous Schools Attended**

\_\_\_\_\_ Grades \_\_\_\_\_

\_\_\_\_\_ Grades \_\_\_\_\_

\_\_\_\_\_ Grades \_\_\_\_\_

**Siblings**

Name	Gender	Date of Birth	School	Also Applying?

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

Do you want to receive information about the Tuition Assistance Program based on family need  
 Yes    No

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

Please Note: An application fee of \$50 must accompany this application. This fee is non-refundable and this application is valid only for the year noted.

***If your child is transferring from another school please fill out the enclosed Request for Transcript form and submit with this application.***

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

WIWS does not discriminate on the bases of race, religion, or national origin in its admission policy or in the conduct of its educational programs. The school is a 501c(3), tax-exempt, nonprofit organization.

Please remember that your interview will not be scheduled until the application and parent questionnaire are completed and received by the school. We highly recommend that both parents be present for the interview.