



Application for Admission

Applying for? Please check one: 3-Day K 5-Day K Grade (indicate) Proposed date of entrance: _____

Child's Full Name: _____

First

Middle

Last

[Nickname]

Gender Identification: _____ Age: _____ Birth date: _____ Birthplace: _____

Home address: _____ Zip: _____ Phone: _____

Is the applicant Spanish/Hispanic/Latino? Yes No (Circle One)

What is the applicant's race? Check all that apply:

- White Black, African American American Indian or Alaskan Native
 Asian/Pacific Islander Other

How did you hear about RWS? (please circle one)

Friend/Family Facebook Website Print Ad Other (please indicate) _____

Parent/Guardian I

Parent/Guardian II

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Mailing address: _____ Mailing address: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

Home phone: _____ Home phone: _____

Cell phone: _____ Cell phone: _____

Email _____ Email _____

Occupation: _____ Occupation: _____

Employer: _____ Employer: _____

Business phone: _____ Business phone: _____

Please list the names and ages of other children in the family:

Previous schools/childcare environments: _____ Location _____ Year(s) _____ Grade(s) _____

May we have your permission to contact them? If yes, please list contact names and phone numbers:

Please comment on the above experiences:

Subjects/activities you child enjoys most:

Subjects/activities your child enjoys least:

Extracurricular activities (hobbies, athletics, music, etc.):

Briefly describe home life:

Bedtime on school nights:

On other nights:

If the child does not live with both parents, please describe the child's living situation:

What role do TV, videos, and computer games play in your household?

What do you consider to be your child's stronger aptitudes and character traits?

Which of your child's capabilities would you like to see developed or strengthened?

Describe your child's health in general:

Please list any major illnesses, childhood diseases, accidents, current medications, etc.:

Does your child have any allergies?

To help us better serve the needs of your child, please detail any conditions, challenges, disabilities and/or learning differences your child has:

What is your familiarity with Waldorf education (for example, books and websites read, how you researched the school)?

What are you hoping to find for your child at Richmond Waldorf School?

All parents are expected to help with events of the school year. In what other areas would you like to help (office, fundraising, handwork, gardening, other)? Are there skills and interests you would like to contribute to the program?

Are there any questions you have about our program which remain unanswered or could be addressed in more detail?

Do you have any further comments?

Signature of Parent/Guardian I

Date

Signature of Parent/Guardian II

Date

Full disclosure is required. Incomplete applications will be returned. This form must be returned with the \$50 non-refundable Application Fee prior to scheduling an interview. Richmond Waldorf School admits students of any race, color, national and ethnic origin, or religion.

RichmondWaldorf.com

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