



THE WALDORF SCHOOL
OF BEND

Application Elementary/Jr. High

School year applying for: _____ Requested date of entry: _____ or ASAP

The Waldorf School of Bend admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admission policies, scholarship and loan programs, and athletic and other school administered programs.

Student

Student's Full Legal Name: _____ Male Female

Student's Preferred Name: _____ DOB (mm/dd/yyyy): _____ Grade Applying For: _____

Parent/Guardian 1

Name: _____ Home Phone: _____

Address: Street _____ City _____ State _____ Zip _____

Occupation: _____ Work Phone: _____ Cell Phone: _____

E-mail: _____

Parent/Guardian 2

Name: _____ Home Phone: _____

Address: Street _____ City _____ State _____ Zip _____

Occupation: _____ Work Phone: _____ Cell Phone: _____

E-mail: _____

How long have you lived in the area? _____

How did you hear about the Waldorf School of Bend? _____

How familiar are you with Waldorf education? _____

How long do you expect your child to be at Waldorf School of Bend? _____

Why have you brought your child to Waldorf School of Bend? What would you like to see your child receive from his/her school experience? _____

Family Relationships

With whom does the student live? (Name and relationship; describe the student's daily living arrangement) _____

Siblings (name, age, grade, school) _____



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Are other adults residing in the home that your student resides in? (Please explain) _____

School/Academic History (If your child has not attended any other school please indicate not applicable (NA). Schools attended (including WSB; please include dates and grades) _____

Name of most recent teacher: _____ Phone: _____

Subject most enjoyed: _____

Subjects least enjoyed: _____

Academic strengths: _____ Academic challenges? _____

Activities outside of school (hobbies, sports, classes, other): _____

Describe student's social behavior with peers: _____

Artistic interests or talents: _____

Does your child have any learning challenges that you are aware of? _____ If so, please describe _____

Is there any family history of learning challenges? _____ If so, please describe _____

Do you have any questions regarding the Waldorf curriculum or the Waldorf School of Bend? _____

The Waldorf School of Bend has permission to contact (name of child) _____'s previous schools, teachers, physicians and counselors.

Who will sign the enrollment contract (tuition agreement) and be responsible for payment of tuition and fees? Name: _____

Address (if not parent): _____

Name: _____

Address (if not parent): _____

Is there a custody arrangement or court order in force regarding this child? Yes No



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Health Profile and Home Life – Events in children’s earliest years can have both subtle and profound effects on their later life. While some of the following questions may not seem to apply to your child’s current situation, they are designed to bring parents and teachers together in forming the broadest possible picture of your child’s development and daily life. We understand that this information is of a personal nature and appreciate your understanding in providing what you can to better help us assess your child’s needs and how they can be met by our school.

How was the pregnancy? The birth? Was the baby delivered by Cesarean Section? _____

Were there any special conditions or health concerns at birth for mother or baby? _____ If so, please describe _____

Was your child adopted? _____ If so, at what age? _____ Does your child know? _____

When did your child begin crawling? _____ Was there anything unusual in his/her crawl? _____

When did your child begin to walk? _____ Talk? _____

Were there any challenges during early childhood with the eyes, ears, speech, coordination, skin, digestion? Please be specific: _____

Please indicate the illnesses your child has had, and at what age: Chicken pox _____ Whooping Cough _____

Ear infections _____ Scarlet Fever _____ Seizures _____ Measles _____ Other? _____

Has your child had any serious injuries, accidents, or surgery? _____ If so, please describe briefly: _____

Was there any early psychological trauma your child experienced? _____ If so, please describe _____

Has your child ever undergone psychological, developmental, or educational testing or treatment? _____

If so, please describe: _____

_____ Where? _____

Has your child had a vision exam? _____ If so, when and where? _____

Does your child wear glasses? _____ For what condition? _____

Does your child have allergies? _____ Please describe: _____



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Is your child on any medication? _____ For what condition? _____

Has your child received care from a dentist? _____ Are there any current health concerns? _____ Please Describe: _____

Does your child have any special needs or fears? _____ If so, please describe: _____

What time is your child's bedtime on weekdays? _____ On weekends? _____

Does your child have any trouble falling asleep? _____ Does your child sleep in his/her own bed? _____

All night? _____ Does your child wet the bed? _____

What kinds of activities does your family enjoy together? _____

How regular or rhythmic is your child's home life? (meals, bedtime, story time, chores, baths, etc.) _____

What meals do you share as a family? _____ Any special diet? _____

Describe your child's relationship with their sibling's _____

Describe what you do when your child does not meet your standard of behavior: _____

What language(s) are spoken at home? _____

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

Does your child use a computer or video games? _____ How often? _____ For how long? _____

Does your child watch television or videos? _____ When? _____ How often and for how long? _____

If age-appropriate alternatives were suggested, would you have any difficulty limiting or eliminating television and video viewing, movie-going, video game playing or computer time for your child? Please explain your answer: _____

Which hand does your child use for drawing or writing? _____

In a paragraph, please try to give a picture of your child: his or her interests, strengths, challenges, tendencies, outstanding



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characteristics, etc. (if necessary, please write on a separate piece of paper): _____

If you have been referred by a parent at WSB, please share their name: _____

All information will be kept confidential. We require signatures of both parents/guardians (if applicable) below:

I/We understand that:

- *All financial arrangements for tuition payments will be made through the Business Office*
- *The application fee is due with application and is non-refundable*
- *This application is valid only for the year noted*

Signature of Parent or Guardian _____ Date _____

Signature of Parent or Guardian _____ Date _____

Thank you for your interest in the Waldorf School of Bend, please expect a confirmation call or email from our Admissions Director.

Admin Use Only:
Application Fee paid date _____
WSB initials _____