

**ENROLLMENT APPLICATION  
GRADE SCHOOL PROGRAMS**

For the school year beginning \_\_\_\_\_ Date: \_\_\_\_\_

*Please complete this enrollment application thoroughly and return to the school with an application fee of \$50.00. Please make all checks payable to the River Valley Waldorf School or RVWS.*

**GENERAL QUESTIONS**

*The following questions are general and will give us background information about your child. Please answer them as completely as possible.*

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  Female  Male

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

Phone: \_\_\_\_\_ Child resides with: \_\_\_\_\_

We are interested in enrolling our child in:

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> First Grade  | <input type="checkbox"/> Fifth Grade   |
| <input type="checkbox"/> Second Grade | <input type="checkbox"/> Sixth Grade   |
| <input type="checkbox"/> Third Grade  | <input type="checkbox"/> Seventh Grade |
| <input type="checkbox"/> Fourth Grade |  |

Parent/Guardian Name : \_\_\_\_\_ Birthdate: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Education: \_\_\_\_\_ Vocation: \_\_\_\_\_

Skills and Interests: \_\_\_\_\_

What gifts and skills would you be willing to share with our school community? \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Education: \_\_\_\_\_ Vocation: \_\_\_\_\_

Skills and Interests: \_\_\_\_\_

What gifts and skills would you be willing to share with our school community? \_\_\_\_\_

PERSONAL QUESTIONS:

*The following questions are personal and will give us greater insight into your child. Please answer them as completely as possible. Feel free to attach additional sheets if more space is needed to address a question.*

Parent/Guardian marital status (if applicable): \_\_\_\_\_

Custodial visitation arrangements, if any: \_\_\_\_\_

With whom does the child live? Please give name & relationship of all adults/children living in the household on a full or part-time basis: \_\_\_\_\_

Sibling's names (if any) & birth dates: \_\_\_\_\_

What school do they attend? \_\_\_\_\_

If possible, describe your pregnancy and childbirth: \_\_\_\_\_

At what age did your child first crawl? \_\_\_\_\_ At what age did your child first walk? \_\_\_\_\_

When did your child cut his/her first tooth? \_\_\_\_\_ At what age did your child first talk? \_\_\_\_\_

When did the permanent teeth begin to appear? \_\_\_\_\_

Has your child entered puberty? \_\_\_\_\_ If so, describe this transition: \_\_\_\_\_

Does your child have any difficulty seeing, hearing, walking, speaking? Other? \_\_\_\_\_

Is your child currently under the care of a health practitioner for any condition? If so, please explain: \_\_\_\_\_

List any medications your child is currently taking, what they are treating and if there are any side-effects that you have observed: \_\_\_\_\_

Please list all allergies (Food, medicines, animals, environment, etc.): \_\_\_\_\_

Is there any special diet to which your family or child adheres? If so, please describe: \_\_\_\_\_

Please list your child's outstanding illnesses or broken bones. \_\_\_\_\_

Please describe any significant physical or emotional changes that your child has experienced. (Dates are helpful).

Please describe your child's daily schedule. \_\_\_\_\_

Present regular bed time: \_\_\_\_\_ Present arising time: \_\_\_\_\_

Does your child...  awake on his/her own  have to be awakened?

How often does your child: Go to the movies? \_\_\_\_\_ Watch videos? \_\_\_\_\_

Have computer time? \_\_\_\_\_

What is the average amount of time your child spends viewing TV: Weekdays? \_\_\_\_\_ Weekends? \_\_\_\_\_

What are your views on television and video viewing / computer use for your children? \_\_\_\_\_

If your child has had previous preschool, day care or school experiences, please answer the following questions:

Name of last school attended: \_\_\_\_\_

Mailing address and telephone number: \_\_\_\_\_

Dates attended: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Foreign language experience (if any): \_\_\_\_\_

Musical Instrument experience (if any): \_\_\_\_\_

Characterize your child's kindergarten experience (grade school): \_\_\_\_\_

Characterize your child's experience of the early grades: \_\_\_\_\_

In what, if any, regular clubs, lessons or activities does your child participate? \_\_\_\_\_

Describe your child's progress in areas of independence, motivation and accountability in relation to (grade school):

Homework \_\_\_\_\_

Family responsibilities \_\_\_\_\_

Personal interests \_\_\_\_\_

Describe your child's social relationships (grade school): \_\_\_\_\_

Have any of the following ever been recommended for your child?  Testing for learning differences

Psychological testing or counseling

Testing regarding any behavioral problems

Tutoring or special support

**Please attach copies of all testing results.**

What was the follow-up? \_\_\_\_\_

Are you applying to other independent schools? \_\_\_\_\_

Why have you chosen to apply to River Valley School? \_\_\_\_\_

What are your expectations for your child's education? \_\_\_\_\_

What do you consider to be your child's strongest aptitudes & traits of character? \_\_\_\_\_

What traits do you wish to see strengthened? \_\_\_\_\_

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As a teacher, one wants to be sensitive to a child's religious background. How does religion or spirituality play a role in your family life? (optional) \_\_\_\_\_

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What is your background knowledge of Waldorf Education and Rudolf Steiner? \_\_\_\_\_

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Please share any other information you feel would be helpful and important: \_\_\_\_\_

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We acknowledge that this information is complete and correct. We have attended a scheduled enrollment event or have had an individual tour of the school. If only one parent attended, we have discussed together the unique aspects of Waldorf education. We are aware of River Valley Waldorf School's position with reference to children and the media and the use of electronic screens. (Please call if you need clarification.)

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Signature of Parent or Guardian

***A non-refundable application fee of \$40.00 must accompany this application.***

***Please make your check payable to River Valley Waldorf School or RVWS.***