



Application for Admission

Thank you for taking the time to complete this application. Please send or bring this application, together with the fee of \$50, to Ashwood Waldorf School. Please request a tuition assistance application from the admissions director if you are interested in learning more about this program.

Child's Name _____ Gender _____ Birth Date _____

Date of Desired Enrollment _____ Grade _____

Early Childhood:

5 days ___ 4 days (Mon.-Thurs) ___ 3 days (Mon.-Wed.) ___ 3 days (Wed.-Frid.) ___

Extended-Day Program: Mon. ___ Tues. ___ Wed. ___ Thurs. ___ Fri. ___

Mailing Address _____

Parent (1) or Guardian's Name _____ Home Phone _____

Address (if different) _____

Email _____ Cell Phone _____

Occupation _____ Work Phone _____

Parent (2) or Guardian's Name _____ Home Phone _____

Address (if different) _____

Email _____ Cell Phone _____

Occupation _____ Work Phone _____

180 Park Street • Rockport, ME 04856 • 207-236-8021 • 207-230-2423 (fax)

www.ashwoodwaldorf.org

Please use this space to tell us about your child's home environment and list any additional information you think the faculty should know about your child.

How did you learn about Ashwood Waldorf School?

Please tell us a few reasons why you are applying to Ashwood:

What days are convenient for you to meet with the teacher?

What is the name of your child's current teacher and his/her school phone number?

Please describe your child's previous or current school experience, including any extra curricular activities that your child participates in on a regular basis.
What are your child's special interests and activities?

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Does your child have any special needs, disabilities or specific emotional or mental problems?

How would you characterize your child's peer relationships?

If your child watches television, how many hours per week does he/she watch? _____

If your child watches videos, how many hours per week does he/she watch? _____

If your child uses the computer, how many hours per week does he/she use it? _____

If parents have separate addresses, child lives with:

Parent (1) Parent (2) Both Other

Please describe your child's living situation _____

General correspondence should be addressed to:

Parent (1) Parent (2) Both Other

Names and birthdates of siblings:

<u>Name</u>	<u>Birthdate</u>	<u>School or Program</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature _____ Date _____

Please submit application by email (admissions@ashwoodwaldorf.org) or mail along with a \$50 application fee payable by check or [Paypal](#).

This application form is not a binding contract. In the event that the class is fully enrolled, your child's name will be placed in an applicant pool, and you will be notified if a space becomes available for your child. We will not accept a child until we guarantee a placement.

Ashwood Waldorf School does not discriminate on the basis of race, color, gender, sexual orientation, religious, national or ethnic origin in its admissions or educational policies and programs.