

## APPLICATION FOR ADMISSION GRADES 1 – 8

Student Name \_\_\_\_\_ Preferred Name \_\_\_\_\_  
*first middle last (if different)*

Current School/Grade \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_  
*month/day/year*

Applying for Grade \_\_\_\_\_ Desired Date of School Entrance \_\_\_\_\_  
*month/year*

Full Name of Parent/Guardian \_\_\_\_\_

Home Address \_\_\_\_\_  
*street city state zip*

Occupation/Employer \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Full Name of Parent/Guardian \_\_\_\_\_

Home Address \_\_\_\_\_  
*street city state zip*

Occupation/Employer \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Parents are:  married  separated  divorced  share custody  single

If parents are separated or divorced,

Child lives with \_\_\_\_\_

Correspondence should be addressed to \_\_\_\_\_



Please comment briefly on your child's personality traits and temperament, style of peer interaction, and past school experiences including strengths, difficulties and interests.

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Please list schools your child has attended and teachers whom we may contact for references.

<i>current school (for what grades)</i>	<i>teacher</i>	<i>school mailing address</i>	<i>school telephone</i>
<i>previous school (for what grades)</i>	<i>teacher</i>	<i>school mailing address</i>	<i>school telephone</i>
<i>previous school (for what grades)</i>	<i>teacher</i>	<i>school mailing address</i>	<i>school telephone</i>

Has your child ever received additional support services inside or outside of school?  yes  no

If yes, please explain: \_\_\_\_\_

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Has your child ever been recommended for evaluation?  yes  no

If yes, please explain: \_\_\_\_\_

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Please check any that apply:  IEP  Learning Difference  504 Plan  Skip/Repeat a grade

Please explain here and include copies of supporting materials, e.g., IEP or 504 Plans.

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Is your child experiencing any challenges with social/emotional health such as anxiety or depression? Any physical health issues such as difficulties with vision, hearing, walking, speaking? Any food/environmental allergies? Please describe any situations that we should be aware of including current therapies and medications.

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Please list organized activities in which your child engages including any sports programs. \_\_\_\_\_

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Has your child had formal music lessons? If so, which instrument and for how long? \_\_\_\_\_

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Does your child have any prior foreign language education? What languages are spoken in the home? \_\_\_\_\_

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How often does your child watch TV/videos and/or use the computer or other forms of screen media? \_\_\_\_\_

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How did you learn about Maine Coast Waldorf School? \_\_\_\_\_

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Why do you believe that Waldorf education would be a good match for your child? \_\_\_\_\_

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Please share any additional thoughts about your goals for your child's education or other information that will help us learn more about your child.

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***We appreciate the information you have given us. It will help us to understand your child's needs and will remain confidential.***

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Who is financially responsible for school expenses? \_\_\_\_\_

Information about our tiered tuition program is available on our website: [mainecoastwaldorf.org/admissions/tuition](http://mainecoastwaldorf.org/admissions/tuition)

Will you be applying for tiered tuition?  yes  no

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

When you submit this form, please include a recent photograph of your child (*optional*) and the **\$40 application fee.**

Maine Coast Waldorf School does not discriminate on the basis of race, religion, gender, sexual orientation and national or ethnic origin in the administration of its educational programs, hiring, self-government, admissions, financial aid and all other school-related activities.