



# Grades Application for Admission

Date Application and \$50 Fee Received: \_\_\_\_\_

Please answer all applicable questions

Student's Full Legal Name \_\_\_\_\_ Student is a:  Boy  Girl Birthdate \_\_\_\_\_

Student's Primary Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ How long have you lived in the area? \_\_\_\_\_

**First Grade Readiness** – In the spring of the school year, the kindergarten teacher makes recommendations as to which children may be ready to advance to the first grade. **Our policy is that children must be 6 years of age by May 1st to be considered for this recommendation.** These children are then taken through a First Grade Readiness Assessment. Following a successful completion of the assessment, along with the kindergarten teacher's recommendation for advancement, the decision to accept a child into the first grade class rests with the kindergarten teacher and the incoming grade 1 teacher. If your child *does not* qualify for this recommendation, please request an Early Childhood Application for Admission.

**Applying for Grade** \_\_\_\_\_ (M-F) 8:30-3:15 except for Thursdays, dismissal is at 2:10. Current Grade Level \_\_\_\_\_

We strive to create a diverse population of students and families. The question below is designed to give applicants an opportunity to identify themselves if they wish to:

Student is:  African-American  Asian/Pacific  Caucasian  East Indian  European  Hispanic  Latina  Middle Eastern  Native American  Multi-racial  Other: \_\_\_\_\_

### Applicant's Parent or Guardian

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

Home address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Partner Name (if not parent 2): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

### Parent 2 or Guardian

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

Home address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Partner Name (if not parent 1): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Are parents separated?  Yes  No Divorced?  Yes  No If yes, who has legal custody? \_\_\_\_\_

If your child does not live with both parents, please describe the child's living situation including custodial and visitation arrangements and other adults living in the home: \_\_\_\_\_

\_\_\_\_\_

Please provide documentation of current custody agreement and contact information for all parents(s)/guardians(s). Attach additional sheets as necessary.

School District Currently Residing In: \_\_\_\_\_

*Families residing in the school districts of Waukesha, Pewaukee, Kettle Moraine, Hartland-Lakeside & Arrowhead (Lake Country, Merton, North Lake, Stone Bank, Richmond, Swallow) are eligible to receive transportation reimbursements from their district through Prairie Hill.*

## Grades Application for Admission continued

Early Childhood Programs and/or grade schools the student has attended:

Name of Institution/Day Care	Address (City, State, Zip)	Attendance Dates	Grade(s)
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Please fill in as much of the information below as possible. This is an important part of our admissions process and provides information we need to better understand your student. Print N/A where not applicable.

Name of principal or guidance counselor at last school attended: \_\_\_\_\_

Subjects enjoyed most: \_\_\_\_\_

Subjects enjoyed least: \_\_\_\_\_

School activities (clubs, teams, orchestra etc.): \_\_\_\_\_

Activities outside of school (hobbies, lessons, community service, etc.): \_\_\_\_\_

What is the child's primary language? \_\_\_\_\_ Other languages spoken: \_\_\_\_\_

What is the mother's language? \_\_\_\_\_

What is the father's language? \_\_\_\_\_

What language is spoken at home? \_\_\_\_\_

Musical instruments played, if any: \_\_\_\_\_

What do you consider your student's strongest aptitudes and traits of character? \_\_\_\_\_

What traits would you especially like to see strengthened? \_\_\_\_\_

Has student ever received disciplinary consequences at school or from the community?  Yes  No

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

Names of siblings (include age, school/college/other): \_\_\_\_\_

Name of relatives and/or friends who attend(ed) Prairie Hill Waldorf School or any other Waldorf school. \_\_\_\_\_

### Special Considerations

Does your child have an Independent Educational Plan (I. E. P.)?

Note below (or separately) any physical disabilities, academic and/or emotional challenges or conditions for which student has received or is receiving treatment. \_\_\_\_\_

Please list any medications your child takes to treat these conditions. \_\_\_\_\_

Do we have your permission to consult with the appropriate resource(s) for evaluations concerning the above challenges or conditions?

Yes  No Parent/Guardian Signature \_\_\_\_\_

Name, address and phone number(s) of resources for evaluations: (Copies of evaluations for any testing should be included with this application)

**Grades Written Interview:**

**Child's First and Last Name:** \_\_\_\_\_

*The information below will be kept confidential and only be shared with the Faculty. Events in a child's early 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.*

Was your child adopted?  Yes  No      If yes, at what age? \_\_\_\_\_      Does your child know?  Yes  No

If not adopted, please describe your pregnancy, i.e., tests, medications, hospitalizations, bed rest: \_\_\_\_\_

Describe the circumstances of your child's birth. For example: hospital, home, birth center, pre-term, cesarean, medications, peaceful, stressful, quick, long, early traumas, etc.

Was the birth early, late, on time? \_\_\_\_\_ Time of Day: \_\_\_\_\_

Where was your child born? \_\_\_\_\_

Who was present? \_\_\_\_\_

Birth height and weight? \_\_\_\_\_ Bottle or breast fed, and for how long? \_\_\_\_\_

At what age did your child begin to crawl? \_\_\_\_\_ Walk? \_\_\_\_\_ Speak? \_\_\_\_\_

At what age did your child address him/herself as "I"? \_\_\_\_\_ At what age was your child completed with toilet training? \_\_\_\_\_

How old were the parents when the child was born?    Mother: \_\_\_\_\_    Father: \_\_\_\_\_

Describe language development: \_\_\_\_\_

Please describe your child's kindergarten experience: \_\_\_\_\_

Have you moved during your child's life?  Yes  No    How many times and at what ages of your child? \_\_\_\_\_

Have there been other significant caregivers of your child besides the parents since birth, i.e., grandparents, daycare?  Yes  No    If yes, please describe, i.e., age, hours per week, child's experience: \_\_\_\_\_

Was there any early psychological or physical trauma that your child has experienced?  Yes  No    If yes, please describe: \_\_\_\_\_

Please list any illnesses that your child has had and at what age:

Chicken Pox \_\_\_\_\_ Whooping cough \_\_\_\_\_ Strep Throat \_\_\_\_\_ Ear Infections \_\_\_\_\_ Seizures \_\_\_\_\_ Other(s) \_\_\_\_\_

Please specify any dietary restrictions and/or sensitivities, i.e., sugar, wheat, meat, dairy: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Major Injuries: \_\_\_\_\_

Surgeries: \_\_\_\_\_

Please indicate any vulnerable areas of your child's health:

Lungs     Stomach     Ears     Nose     Throat     Eyes     High Fevers     Nosebleeds     Constipation     Diarrhea     Other

Please explain: \_\_\_\_\_

Please indicate any relevant medical family history: \_\_\_\_\_

Does your child have any special needs?  Yes  No If yes, please explain: \_\_\_\_\_

Does your child have any fears?  Yes  No If yes, please explain: \_\_\_\_\_

Has your child had a medical checkup?  Yes  No If yes, when and where? \_\_\_\_\_

Has your child had a hearing and/or vision exam?  Yes  No If yes, when and where? \_\_\_\_\_

How active would you consider your child:  Active  Moderate  Less Active

When does your child wake up on week days? \_\_\_\_\_ Weekends? \_\_\_\_\_

How does your child wake up (fussy, cheerful, dreamy)? \_\_\_\_\_

What is your child's bedtime on week nights? \_\_\_\_\_ Weekends? \_\_\_\_\_

What, if any, are your child's bedtime rituals? \_\_\_\_\_

Does your child have any trouble falling or staying asleep? \_\_\_\_\_

Does your child have a history of recurring dreams or nightmares?  Yes  No If yes, please explain: \_\_\_\_\_

Does your child nap during the day?  Yes  No If yes, what time and for how long? \_\_\_\_\_

Does your child wet the bed?  Yes  No If yes, under what circumstances? \_\_\_\_\_

What does your child eat for breakfast? \_\_\_\_\_

Describe your child's diet and eating habits (picky, eager): \_\_\_\_\_

Which meals do you share as a family? \_\_\_\_\_ What time are meals? \_\_\_\_\_

Please describe your child's rhythm or routine, i.e., meals, baths, story time, bedtime: \_\_\_\_\_

Does your child have any regular chores?  Yes  No If yes, what are they and how often? \_\_\_\_\_

How do you discipline your child? Please use specific examples: \_\_\_\_\_

How would you describe your child's temperament? \_\_\_\_\_

What activities does your family do for fun and recreation? \_\_\_\_\_

Does your child participate in any organized physical activities, sports, lessons or classes?  Yes  No Please describe: \_\_\_\_\_

Please indicate and describe if your child does any of the following often; sing, draw/paint (describe any regular themes): \_\_\_\_\_

What kinds of play/games does your child most enjoy? \_\_\_\_\_

Has your child shown any interest in letters or reading?  Yes  No If yes, in what way and how often? \_\_\_\_\_

What activities does your child like to do with mother? \_\_\_\_\_

With father? \_\_\_\_\_

What is your child's least favorite activity: \_\_\_\_\_

Please describe your child's outdoor play environment: \_\_\_\_\_

Does your family/child have pets?  Yes  No If yes, what kind and relationship to pet(s): \_\_\_\_\_

What kinds of music do you and your child listen to? \_\_\_\_\_  
Do you play the radio, CD's or movies in the car? \_\_\_\_\_  
Average hours per week of television and/or DVD viewing? \_\_\_\_\_  
Does your child use a computer or play video games?  Yes  No If yes, how often and how long? \_\_\_\_\_  
If age-appropriate alternatives were suggested, would you have any difficulty limiting or eliminating screen time for your child?  Yes  No  
Please explain: \_\_\_\_\_

What festivals, holidays and/or Religious/Spiritual beliefs does your family celebrate that we could possibly acknowledge and honor in the class?  
\_\_\_\_\_  
\_\_\_\_\_

Describe home life or attitudes you consider to be different or unique: \_\_\_\_\_  
\_\_\_\_\_

Does your child have any neighborhood friends?  Yes  No If yes, what are their ages? \_\_\_\_\_

What do you hope Prairie Hill will give to your child? \_\_\_\_\_  
\_\_\_\_\_

How long do you intend your child to attend Prairie Hill Waldorf School? \_\_\_\_\_

Where did you learn about Prairie Hill Waldorf School?

Website  Facebook  Postcard Mailing  Newspaper/Magazine, name of publication \_\_\_\_\_

Referred by, please name \_\_\_\_\_  Other \_\_\_\_\_

What is your familiarity with Waldorf Education? \_\_\_\_\_  
\_\_\_\_\_

What questions do you have regarding the curriculum at Prairie Hill Waldorf School? \_\_\_\_\_  
\_\_\_\_\_

Would you like to receive information about the **Before and After School Care Program**?  Yes  No

For information about **Tuition Adjustment** please visit our website, [www.prairiehillwaldorf.org](http://www.prairiehillwaldorf.org), pull down the Admission tab and click on Tuition Adjustment. You may also call to schedule an individual appointment.

All the information included in this application is true to the best of my knowledge. **We require the signatures of both parents below:**

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

Misrepresenting or falsifying information may impact your student's placement at Prairie Hill Waldorf School  
Thank you for your interest in Prairie Hill Waldorf School. We look forward to serving you and your child.



**Engaging Minds Opening Hearts Inspiring Confidence**

*Prairie Waldorf School is a non-profit, independent school for children from infancy to Grade 8 and does not discriminate on the basis of sex, race, color, religion, disability, sexual-orientation, national or ethnic origin in the administration of its hiring, educational or admission policies, financial aid, athletic or other school-administered programs.*

January 14, 2016