



Grades Application for Admission

Date Application and \$75 Fee Received: _____

Student's Full Legal Name _____ Gender _____ Birthdate _____

Student's Primary Address _____

City, State, Zip _____

Grades Placement– Prairie Hill’s school policy is that children must be 6 years of age by May 1st to be considered for first grade. We strongly believe this is the age at which children are developmentally ready for first grade. The Wisconsin Department of Public Instruction requires that children be 6 years of age by September 1st. Prairie Hill strongly encourages families to thoughtfully consider Prairie Hill’s May 1st recommendation when choosing which grade level to place their child in. This recommendation applies for first grade as well as all subsequent grades. We strongly believe that adhering to the May 1st guideline is the best way to ensure that your child’s developmental needs (academic, social and emotional) will be met by the Waldorf Curriculum that Prairie Hill offers.

Applying for Grade _____ **Current Grade Level** _____ (M-F) 8:00 a.m.-3:15 p.m. (except on **Thursdays, dismissal is at 2:45 p.m.**)

We strive to create a diverse population of students and families. The information you provide to us on your child’s race and ethnicity is used for state reporting purposes. **Student is Hispanic or Latino:** Yes No

Student is: (Please check all boxes that apply) American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White Multi-racial

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 or Guardian 2

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.

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 languages do the parents speak? _____

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.)? Yes No

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)

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

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

At what age was your child completed with toilet training? _____

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

Allergies: _____

Medications: _____

Major Injuries: _____

Surgeries: _____

Please indicate any relevant medical 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: _____

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

When does your child wake up on Weekdays? _____ Weekends? _____

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

What is your child's bedtime on Weeknights? _____ 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 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? _____

For what kinds of behavior do you most often discipline your child? _____

How do you handle these behaviors? _____

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? _____

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? _____

Average hours per week of screen time: _____

Does your child play video games? Yes No If yes, what types of games? _____

How many hours per week? _____

If age-appropriate alternatives were suggested, would you have any difficulty limiting screen time for your child? Yes No

Please explain: _____

Does your family celebrate any special holidays or festivals that you would like us to acknowledge and honor in the class? _____

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

How did you learn about Prairie Hill Waldorf School? _____

Referred by, please name _____

Are you a Prairie Hill Alum? Yes No

What is your familiarity with Waldorf Education? _____

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

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

We respect and value a diverse community, welcoming everyone regardless of gender, race, religion, family structure, socioeconomic level, culture, age, sexual orientation, language and learning style.