

Sacramento Waldorf School  
3750 Bannister Road  
Fair Oaks, California 95628  
(916) 961-3900 [www.sacwaldorf.org](http://www.sacwaldorf.org)

**Lower School Application**



**Family Information**

**Student**

Student's Full Name: \_\_\_\_\_  Female  Male

Date of Birth: \_\_\_\_\_ Applying for:  2009/2010  2010/2011  2011/2012

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

Present Grade: \_\_\_\_\_ Applying for Grade: \_\_\_\_\_ Present Teacher: \_\_\_\_\_

Present School: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

**Parents**

**Parent**

Name: \_\_\_\_\_

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

\_\_\_\_\_

Phone: \_\_\_\_\_ (hm) \_\_\_\_\_ (wk)

Email: \_\_\_\_\_

Occupation/Title: \_\_\_\_\_

Interests, hobbies, talents: \_\_\_\_\_

\_\_\_\_\_

**Parent**

Name: \_\_\_\_\_

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

\_\_\_\_\_

Phone: \_\_\_\_\_ (hm) \_\_\_\_\_ (wk)

Email: \_\_\_\_\_

Occupation/Title: \_\_\_\_\_

Interests, hobbies, talents: \_\_\_\_\_

\_\_\_\_\_

**Step-Parents (if any)**

Step-parent: \_\_\_\_\_

Occupation/Title: \_\_\_\_\_

Business phone: \_\_\_\_\_

Interests, hobbies, talents: \_\_\_\_\_

\_\_\_\_\_

Step-parent: \_\_\_\_\_

Occupation/Title: \_\_\_\_\_

Business phone: \_\_\_\_\_

Interests, hobbies, talents: \_\_\_\_\_

\_\_\_\_\_

With whom does the student live? Please describe the child's daily living arrangement:

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Brothers and sisters (name, age, grade in school, name of school):

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Describe the child's relationship with siblings: \_\_\_\_\_

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**Academic and Social History**

Previous School(s)	Address	Dates	Grades
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Subjects enjoyed most in school: \_\_\_\_\_

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

Academic strengths: \_\_\_\_\_

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Academic challenges: \_\_\_\_\_

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Describe his/her social behavior (with peers): \_\_\_\_\_

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Artistic interests and talents: \_\_\_\_\_

Activities outside school (hobbies, sports, etc.): \_\_\_\_\_

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**Health**

Describe child's physical characteristics and disposition: \_\_\_\_\_

Present physical health: \_\_\_\_\_

Child's present emotional health: \_\_\_\_\_

Results and approximate dates of:

Medical check-up: \_\_\_\_\_ Dental check-up: \_\_\_\_\_

Hearing check-up: \_\_\_\_\_ Vision check-up: \_\_\_\_\_

Describe any physical conditions we may need to be aware of (vision, hearing, speech, movement, etc.):

\_\_\_\_\_

List any food, drug or environmental allergies:

\_\_\_\_\_

Current medications/supplements and treatments for above: \_\_\_\_\_

Has the applicant had educational testing? (Yes/No) If yes, please include a copy of the report.

### **Home and Family Rhythm**

Child's bedtime: \_\_\_\_\_ Time child wakes: \_\_\_\_\_

Home handling of child's behavior problems: \_\_\_\_\_

\_\_\_\_\_

Describe any special needs or fears: \_\_\_\_\_

\_\_\_\_\_

Describe child's daily chores: \_\_\_\_\_

Average daily hours of TV: \_\_\_\_\_ VCR: \_\_\_\_\_ Radio: \_\_\_\_\_ Computer: \_\_\_\_\_

Hours per weekend of TV: \_\_\_\_\_ VCR: \_\_\_\_\_ Radio: \_\_\_\_\_ Computer: \_\_\_\_\_

Will your child need to attend First Grade After Care (1 – 3:10 p.m.)? \_\_\_\_\_

Will your child need to attend Extended Care (3:15 – 6 p.m.)? \_\_\_\_\_

Will your child need Early Morning Care (7 – 8 a.m.)? \_\_\_\_\_

What are you hoping to find in this education for your child? \_\_\_\_\_

\_\_\_\_\_

How did you hear about the Sacramento Waldorf School? \_\_\_\_\_

\_\_\_\_\_

