



FOR OFFICE USE	
Fee Paid	_____
Interview	_____
Accepted	_____

Pre-School through Grade School Application Form

Date of Application _____ For School Year _____

Student's Name, First _____ Middle _____ Last _____ Male/Female _____

Date of Birth _____ Place of Birth _____

Child's age as of Sept. 1 of year of entrance _____ years _____ months

Applying for:

Preschool/Kindergarten Five Day _____ Kindergarten Afterschool _____

Grade School: 1st _____ 2nd _____ 3rd _____ 4th _____ 5th _____ 6th _____ 7th _____ 8th _____

Current and Previous School(s) Address _____ Dates _____ Grade(s) _____

Applicant's Parent _____ Email _____

Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Occupation _____ Employer _____

Applicant's Parent _____ Email _____

Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Occupation _____ Employer _____

Student's Parents are: Married/Partner _____ Separated _____ Divorced _____ Single Parent _____

Mother deceased _____ Father deceased _____

With whom does the student live? Both Parents _____ Mother _____ Father _____

Shared custody _____ Stepmother _____ Stepfather _____ Other _____

Is there anyone at home who shares responsibility for the child? Yes _____ No _____

Name of Caregiver _____ Relationship to Child _____

Siblings	Birthdate	School Attending
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Describe the circumstances of your child's birth. For example: hospital, home, Caesarean, peaceful, fast, fretful, crying, early traumas, etc. _____

Please describe your child's general health. Allergies? Nutrition, etc. _____

Please describe any allergies, medical or other conditions requiring management or accommodations at school or on school trips. _____

Has your child had any difficulties with vision, hearing, walking or speaking? Injuries to the head or any falls? Are there any other physical traumas? _____

Has your child had any emotional traumas? Experienced many moves? Divorce? Any other difficulties? _____

What activities outside of school does your child enjoy? _____

What do you consider to be your child's strongest aptitudes and traits? _____

What traits would you like to see strengthened? _____

Has your child ever been tested, assessed or recommended for any special needs or services? If so, please describe. Please send all reports and documents related to the special needs of your child. _____

How many hours per week does your child watch television? _____ videos? _____
play video games? _____ computer use? _____
Are you aware of our school's strong reservations against children watching TV and videos? _____
Are you familiar with the Waldorf education philosophy? If so, how did you learn about it? _____

Are you interested in a full 12 year Waldorf education for your child? _____

Please return this form with the \$50.00 application fee, a recent photograph of your child, and school records to:
Lake Champlain Waldorf School - Admissions Office, 359 Turtle Lane, Shelburne, VT 05482

Questions? Contact Pam Graham at (802)985-2827 x12 or pgraham@lakechamplainwaldorschool.org