



APPLICATION FORM | HIGH SCHOOL

Thank you for your interest in the Lake Champlain Waldorf School.

It is our goal to get to know you and your child during the application process. Please fill out all four pages of this form as completely as you can. The contents of this application are confidential and are for the exclusive use of the Admissions staff and the faculty so that we may address the specific education requirements of your child.

Student Information

FIRST NAME	MIDDLE NAME	LAST NAME	DATE OF BIRTH	MALE / FEMALE
PRIMARY ADDRESS		CITY	STATE	ZIP CODE
SCHOOL CURRENTLY ATTENDING		SCHOOL ADDRESS		
SCHOOL TELEPHONE NUMBER		SCHOOL EMAIL		
OTHER SCHOOLS ATTENDED				

Student's age as of September 1st of year of entrance _____ Applying for academic year beginning September, 20____, for grade _____

Applying for the Woodlands After-School Program (grades 1-5)? How many afternoons a week?

Please tell us about your family.

PARENT/GUARDIAN NAME	PARENT/GUARDIAN NAME
RELATIONSHIP TO STUDENT	RELATIONSHIP TO STUDENT
HOME ADDRESS	HOME ADDRESS
HOME PHONE	CELL PHONE
HOME PHONE	CELL PHONE
EMAIL	EMAIL
OCCUPATION	OCCUPATION
EMPLOYER	EMPLOYER
WORK NUMBER	WORK NUMBER

If student has more than one household, please briefly describe his/her living arrangements: _____

Are parents married? _____ separated? _____ divorced? _____ If divorced, who has legal custody? _____

Sisters and brothers (if any):

Name(s): _____ Date of birth: _____ School currently attending: _____ Applying to LCWS? _____

Please tell us about your child.

What school subjects does your child enjoy most? Enjoy least?

What extra-curricular activities does your child participate in (scouts, dance, 4H, sports, music lessons, theater, etc.)?

How would you describe your child's social/emotional development?

What do you see as your son or daughter's academic and personal strengths?

What traits would you like to see strengthened in your child?

Has your child ever repeated or skipped a grade? If yes, which grade? Please explain.

Has your child ever been found eligible for special education (IEP) or a 504 plan through a public school process? If yes, please describe.

Have you ever sought counseling, a professional evaluation, or an educational assessment for your child? If yes, please indicate the type of evaluation below and attach a copy of the results.

DATE/SERVICE PROVIDER	TYPE OF EVALUATION	EVALUATION ATTACHED?
	Comprehensive educational evaluation including cognitive assessment and performance measures	
	Speech and language screening or evaluation	
	Sensory processing or motor skills/planning evaluation (OT & PT)	
	Behavioral screening or evaluation for social cognition skills	
	Psychological evaluation or counseling	
	Vision testing	
	Hearing evaluation	
	"Extra lesson" assessment	
	Other:	

Has your child ever received disciplinary consequences at school or from the community? If yes, please explain.

Does your child play a musical instrument? If yes, what instrument/s? How long has your child been playing?

Does your child speak a language other than English? If yes, what language/s?

Does your child have any allergies? If yes, how are they managed?

Does your child take any medications? If yes, please describe.

What role does media (computers, movies, video games, hand-held devices, television) play in your family life?

Please use the space below to complete a picture of your child and your family. This could include, but is not limited to information regarding your child's special skills or interests, home and life routine, temperament, dietary restrictions or preferences, health issues, play and recreation, comfort transitioning to new or unknown settings, relationships with siblings, friends or relatives, etc.

Please tell us about your interest in the Lake Champlain Waldorf School.

What are you hoping to find for your child at the Lake Champlain Waldorf School?

If you are transferring your child from another school system, please describe the circumstances leading you to seek a change.

Please provide some background regarding your interest in Waldorf education.

How did you learn about the Lake Champlain Waldorf School?

Please let us know the name of the person, event, publication, or media outlet where you most recently heard about the Lake Champlain Waldorf School.

Thank you for taking the time to tell us about your child.

Please return the completed application with a \$50 non-refundable application fee (checks payable to LCWS), a recent photo of your child, school records, and copies of professional assessments to: Lake Champlain Waldorf School, Admissions Office, 359 Turtle Lane, Shelburne, VT 05482

Contact Pam Graham, Director of Admissions, with questions at pgraham@lakechamplainwaldorfschool.org or (802) 985-2827 x12

Lake Champlain Waldorf School

PRE-SCHOOL • KINDERGARTEN • GRADE SCHOOL • HIGH SCHOOL

359 Turtle Lane, Shelburne, VT 05482 | P (802) 985-2827 | F (802) 985-2834

High School | 122 Bostwick Road, Shelburne, VT 05482 | P (802) 495-0834 | F (802) 497-2842

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