



Application of Admission

Please complete this form and return it with your non-refundable \$50 application fee to:
Corvallis Waldorf School • 3855 NE Hwy 20 • Corvallis, OR 97330, Attn: Enrollment.
Your application will be forwarded to the appropriate teacher who will contact you for an interview. If you have questions, please call the Enrollment Coordinator at 541-758-4674.

School year requested _____
Month _____ Year _____

OFFICE USE ONLY

- Application Form and fee (\$50) received Date: _____
Check # _____
- Application fee submitted to Bookkeeper with copy of Form Date: _____
- Copy of Application Form submitted to Teacher Date: _____
- Parent-Teacher interview Date: _____
Completed _____
- Child assessment completed Date: _____
Accepted: Yes No
- Enrollment meeting completed and forms given to Parent(s) Date: _____
 - Enrollment Form and fees Date: _____
 - Check# _____
 - Tuition _____
- Immunization Form received
- Parent Volunteer Form received
- Enrollment Invoice signed and received Date: _____
- TA Application given to Primary Parent (optional) Date: _____
- Enrollment fees submitted to Bookkeeper with copy of Form Date: _____
- First day of class scheduled Date: _____
- Directory updated with family contact information & mailbox #
- Permanent student file created

Child's Full Name _____

Gender _____ Age _____ Birth Date _____

Class _____ # Days/Week _____

Sibling 1 _____ Age _____ Gender _____

Sibling 2 _____ Age _____ Gender _____

Sibling 3 _____ Age _____ Gender _____

Parent 1 _____

Phone (H) _____ Phone (W) _____

Address _____

E-mail _____

Parent 2 _____

Phone (H) _____ Phone (W) _____

Address _____

E-mail _____

Child lives with _____

How did you hear about our school? _____

What do you know about Waldorf Education? _____

What schools and/or programs has your child participated in to-date? _____

How long have you lived in this area? _____

Do you have a religious or spiritual affiliation? _____

If your child does not live with both parents, please describe custodial and visitation arrangements and the child's living situation:

Do adults other than parents live with the child? _____

Please describe your child's use of television, electronic games or computer: _____

What is your child's bedtime? _____

Does your child have any physical characteristics that might require special attention? _____

Has your child experienced any significant physical or emotional traumas or injuries? _____

Was your child under active, normally active or overactive as an infant? _____

How is your child socially with peers? _____

Are there any learning disabilities that you are aware of? _____

Describe the educational environment you would like for your child _____

In the space below, please provide a written portrait of your child. Include any details you feel would be helpful for the teacher to know, such as special interests and abilities, intellectual, emotional and physical strengths or challenges, and the reasons you feel your child would thrive here. If you are transferring your child from another school, you may wish to include the reasons for doing so.

Name of Previous School _____ Phone # _____

Name of Previous Teacher _____

All information provided will be kept confidential. Admittance to the school is at the discretion of the teacher.

Signature of Parent/Guardian _____ Date _____

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