



## APPLICATION FOR ENROLLMENT

*Please complete this application and return it with your non-refundable application processing fee of \$50 and the Early Childhood and/or Grades Questionnaire (as appropriate for your child/children). Separate applications and fees are required for each child (multiple application fees may be paid with a single check). We will contact you as soon as we receive your application to proceed with the application process. Thank you!*

**Child's Full Name:** \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Application Date: \_\_\_\_\_ Applying for Grade: \_\_\_\_\_ Applying for School Year: \_\_\_\_\_

### Family Information:

**Parent #1** Name \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

Employer/Occupation: \_\_\_\_\_

**Parent #2** Name \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

Employer/Occupation: \_\_\_\_\_

Have you previously applied for admission to Swallowtail School for this child? If yes, when? \_\_\_\_\_

Is there another child in your family currently or formerly attending Swallowtail School?    Yes    No

If yes, please list their name(s): \_\_\_\_\_

Is there another child in your family applying for Swallowtail School?    Yes    No

If yes, please list their name(s) and grade(s): \_\_\_\_\_

Please list all family members:

Full Name	In the home? Y/N	Age	Grade	School Attending

How did you learn about Swallowtail Waldorf School and Farm?

Which of the following have you attended? (Please circle all that apply)

Waldorf Experience Workshop

Parent/Child Class

Spring Fling Auction

Puppet Show

Summer Camp

Open Houses

Harvest Faire

Wine Event

School Tour

Farmer's Market

School Play

Other (please explain):

Do you wish to apply for a Tuition Assistance grant? Yes \_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
*Parent's Name (please print)*                      *Parent's Signature*                      *Date*

\_\_\_\_\_  
*Parent's Name (please print)*                      *Parent's Signature*                      *Date*

Please submit this application and a check for \$50.00 payable to "Swallowtail School" with "Application Fee" written in the memo field to: **Swallowtail School · P.O. Box 3753 · Hillsboro, OR 97123**

**Notice of NON-DISCRIMINATION POLICY**

Swallowtail School, Inc. admits students of any race, color, national and ethnic origin to all the rights privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.