

MAIN CAMPUS

Grade School

APPLICATION FORM

FOR OFFICE USE:

Date rec'd _____

Pd. \$ _____ Ck. _____

Class list Confirm

Big Sis To teacher

Please type or print.

Date of Application _____ For School Year _____

Child's Full Name _____ Gender _____

Date of Birth _____ Age as of September 1 of year applied for _____ years _____ months

Child's Town of Residence _____

Grade applied for: 1st 2nd 3rd 4th 5th 6th 7th 8th

A separate registration is required for After School care (3:00-5:30 PM). The After School registration form is available on our website or may be requested from the Enrollment Office.

Parent's Name _____

Home phone _____ Work phone _____ Cell phone _____

E-mail _____

Mailing address _____

Nature of work _____ Employer _____

Parent's Name _____

Home phone _____ Work phone _____ Cell phone _____

E-mail _____

Mailing address _____

Nature of work _____ Employer _____

Other Caregiver _____ Relationship to child _____

Home phone _____ Work phone _____ Cell phone _____

Email _____

Student's parents are: married civil union separated divorced single parent unmarried

With whom does the student live? Both parents mother father shared custody stepmother stepfather other

School correspondence should be addressed to: mother father both other (specify) _____

Sibling(s) _____ Date of Birth _____ School Attending _____

How did you hear about Orchard Valley Waldorf School? _____

Application Questionnaire

Please answer the following questions as completely as possible, typing or printing in blue or black ink and using additional sheets if necessary.

1. Describe your child's birth and developmental milestones such as crawling, standing, walking, talking, toilet training, etc.
2. What do you see as your child's strengths?
3. What traits would you like to see strengthened?
4. Describe your child in terms of her/his interests, temperament, hobbies, likes, dislikes, favorite activities, toys, etc.
5. Please list private lessons and/or sports programs (if any) in which your child participates.
6. *For grades 3 and above:* Does your child play a musical instrument? If so, which one? Does your child read music?
7. What primary language is spoken at home? What other languages are spoken in your home? *For grades 3 and above: Has your child had French classes or exposure to the French language?*

8. Are there any extenuating circumstances in your family that would be helpful for us to know about to better serve your child?

9. Describe your child's previous school experience.

10. What role do electronic media such as TV, movies, videos, computer/video games, etc. play in your family life? If age-appropriate alternatives were suggested, would you be willing to make changes in the way your family relates to the media?

11. Describe your child's general health (allergies, physical fitness, nutrition, medications, sleep habits, etc.).

12. Has your child had difficulties with vision, hearing, walking or speaking? Injuries to the head or physical or emotional traumas?

13. Has your child ever had an IEP (Individual Educational Plan) and/or been tested, assessed or recommended for any special needs or services? If so, please describe (and send all reports and documents related to the special needs of your child with this application).

14. Does your child have learning and/or behavioral challenges not addressed in #13? If so, please describe.

15. Please tell us what you know about Waldorf Education and philosophy? Why are you interested in Orchard Valley Waldorf School for your child?

16. Are you interested in a full Waldorf education (through 8th grade) for your child?

17. Imagine that it is a cold, rainy Saturday in mid-November. Please describe how your child might spend the day.

If your child has attended a previous school, please include a completed Release of Information form and a Release of Limited Records form (attached). If and when you enroll your child in OVWS you will need to complete a Release of Full Record Request as well.

I/we verify that the information provided in this application is true and complete, and understand that acceptance/enrollment/continued enrollment could be affected by inaccurate or incomplete answers.

Parent Signature

Date

Parent Signature

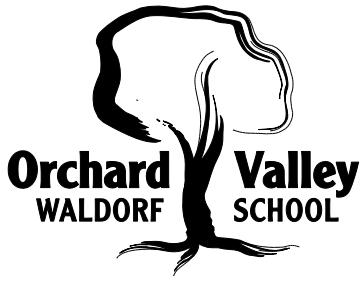
Date

Return this application along with the \$50 non-refundable application fee to:

Orchard Valley Waldorf School
2290 Vermont Route 14 North
East Montpelier, VT 05651

For more information contact Lynn Novak, Enrollment Director, at 802-456-7400 or enrollment@ovws.org

OVWS does not discriminate on the basis of race, color, religion, gender, sexual orientation, disability, national or ethnic origin.



Orchard Valley Waldorf School
2290 VT Route 14 North
East Montpelier, VT 05651

Release of Information Request Form

Student's Name

Date of Birth

Current or Previous School

Current or Last Grade and Year

Address of School

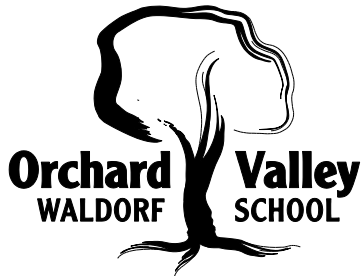
Phone Number of School

I, _____ parent/guardian of student listed above, do hereby grant permission for a representative of the Orchard Valley Waldorf School to contact/speak with my child's class teacher(s), special educators, counselor, etc. listed below: (Please indicate position or subject taught.)

Signature of Parent/Guardian

Date

Thank you,
Lynn Novak
Enrollment & Outreach Director
enrollment@ovws.org



Orchard Valley Waldorf School
2290 VT Route 14 North
East Montpelier, VT 05651

Release of Limited Records Request Form

Student's name

Date of birth

Current or previous school attended

Current or Last Grade and Year

School address

Please forward copies of the above named student's most recent mid-year/end-of-year report and any IEP, 504 plan, behavioral plan, and counselor/psychologist report in his/her school file to the Orchard Valley Waldorf School. You may contact me if you have any questions.

Thank you,
Lynn Novak
Enrollment & Outreach Director
enrollment@ovws.org

Permission for release of information:

I, _____ parent/guardian of student listed above, do hereby grant permission for the release of all requested information to the Orchard Valley Waldorf School.

Signature of Parent/Guardian

Date

Mail to: 2290 Vermont Route 14 North, East Montpelier, Vermont 05651

Scan to: enrollment@ovws.org

Fax to: 802-456-7449