High School Enrollment
Parent Questionnaire
(Help us get to know your student)

Student’s name:
____________________________________________________________________________
____________________________________________________________________________

Name of parent/guardian completing this form:
____________________________________________________________________________
____________________________________________________________________________

In what areas of school does the applicant thrive? (This might be a specific subject, or it might be something like oral presentations or self-advocacy):
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

What areas of school are more challenging for the applicant? (This might be a specific subject, or it might be something like organization or motivation):
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

What supports have been provided for their areas of challenge? Which of those supports have been helpful? (e.g. writing tutor, regular exercise, listening to music while they study, reading to them out loud, mindfulness practices, etc.):
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
List the applicant's special interests, hobbies, activities:
____________________________________________________________________________
____________________________________________________________________________

Tell us about the applicant's social relationships with classmates, teachers, etc.:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Please describe any situation or details of the applicant’s life which may influence a positive educational experience and their personal development at Portland Waldorf High School. Please also comment on any life situation that may affect the teacher/applicant working relationship:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Parent/Guardian signature ___________________________ Date __________

Non-discrimination policy
Portland Waldorf School does not discriminate on the basis of race, religion, national origin, ethnicity, gender, or sexual orientation in the administration of its educational policies, tuition assistance programs, staff hiring, or other programs. Portland Waldorf School is a member of the Association of Waldorf Schools of North America, and is additionally accredited by Cognia.

OFFICE USE ONLY

Date form received ____________ Date of acknowledgement ____________