

Family Information

Parent/Guardian #1 Information:

Name _____

Home Address _____

_____ Zip _____

Cell Phone _____

Email Address _____

Occupation _____

Employer/Name of Business _____

Telephone _____

Spouse Information:

Name _____

Cell Phone _____

Email Address _____

Occupation _____

Employer/Name of Business _____

Telephone _____

Marital Status of Parents (circle one) Together

Custody _____

Father remarried ____ Father deceased ____

Student lives with _____

Tuition to be paid by whom? _____

Parent/Guardian #2 Information:

Name _____

Home Address _____

_____ Zip _____

Cell Phone _____

Email Address _____

Occupation _____

Employer/Name of Business _____

Telephone _____

Spouse Information:

Name _____

Cell Phone _____

Email Address _____

Occupation _____

Employer/Name of Business _____

Telephone _____

Marital Status of Parents (circle one) Separated Divorced

Visitation rights _____

Mother remarried ____ Mother deceased ____

Relationship _____

Brothers and Sisters of Applicant

Name _____ Age _____ Grade _____ School _____

Name _____ Age _____ Grade _____ School _____

Name _____ Age _____ Grade _____ School _____

Are you applying to the Waldorf School on the Roaring Fork for any of the above siblings? ____

If yes, which child (ren)? _____

Previous Schools

Please list applicant's previous schools starting with the current school.

* Current School _____ Years attended _____ Grades attended _____
Address _____ Tele. _____

* Previous School _____ Years attended _____ Grades attended _____
Address _____ Tele. _____

* Previous School _____ Years attended _____ Grades attended _____

* Previous School _____ Years attended _____ Grades attended _____

* Previous School _____ Years attended _____ Grades attended _____

Please explain why you are interested in the Waldorf School on the Roaring Fork. Include materials you have read, lectures attended, and how you heard of the school. Are you acquainted with anyone at the school?

Please describe any special circumstances that have affected or may have affected your child's school experience.

Please describe your child's interests, musical instruments played, special talents, or hobbies.

Has your child received, or is he or she now receiving special tutoring, counseling or therapy? _____
If yes, please explain (include the nature and dates of service - if necessary, attach a detailed explanation).

Please identify any health situations the school should know about, such as diagnosis, allergies, therapies (physical or psychological), medications.

Has your child ever studied a foreign language? If so, please specify.

What role does media (TV, videos, movies, computer games, etc.) play in your family life?

The Waldorf School on the Roaring Fork is a community school and parents are expected to join us in the adventure of education. If your child were to be admitted to the school, in what ways would you be interested in participating?

Waldorf School on the Roaring Fork
Confidential Interview Form
for Preschool and Kindergarten Parents Only

Child's Full Name _____ Date of Birth _____
Parent's Name _____ Occupation _____
Parent's Name _____ Occupation _____
Siblings (with ages) _____
Others living in household _____

In order to have a picture of your child it helps us if you can fully answer these questions:

HOME LIFE Please describe your child's daily rhythm.

Waking Time (wakes by self, needs awakening, how is she/he upon waking?)

Dressing (by self, with help, who chooses clothes, comments)

Breakfast (light/substantial, eaten together/alone)

Free time before school (how is it spent?)

Afternoon activities

Dinner (usual time, who is present?)

After dinner activities

Bedtime (time, family ritual, how does your child sleep---light—heavy—medium? Comment?)

Food (appetite, allergies, preferences?)

