

Parent Questionnaire

Applic	ant's name:	Applying for class/grade
daugh	ter so that we can determine if our school is a tations. The questions are meant to be very g	culty/staff gain a complete picture of your son or able to meet your child's needs and your eneral so that you can adapt them to the age of
1.	Tell us about your son or daughter. This massibling relationships, school experiences, an	ny include a brief history of early childhood events, and other details as age appropriate.
2.	What do you consider to be your son's or da	nughter's strengths and weaknesses?
3.	What is your son's or daughter's daily rhyth What time does s/he awaken? Do they have	m? For example: What time does s/he go to bed? e difficulties sleeping through the night?

4.	Does your son or daughter have any dietary limitations, eating problems or allergies?
5.	Please describe any circumstances in your son's or daughter's home, family, school or environment, which may have had supportive or negative effects on his or her personal and school life.
6.	Has your son or daughter ever had any serious physical condition, illness or injuries? If so, please describe (please indicate the year these occurred).
7.	Please describe any prior special needs of your son or daughter. For example, has there been any learning difficulties, emotional or behavioral difficulties, previous counseling?

8.	In what sort of extra-curricular activities does your son or daughter participate? What does your child do in their free time? How much television does s/he watch? How much time with computer or video games?
9.	Does music play a role in your family? Does your son or daughter play an instrument? If so, for how many years?
10.	Which languages are spoken in your home? Has your son or daughter studied a foreign language? If so, which one and for how long?
11.	What are your expectations of our school?
therapy Sarato	child is receiving any special service, such as speech therapy, occupational therapy, physical y etc., a full report from the service provider(s) must be forwarded to the Waldorf School of ga Springs prior to acceptance. Full disclosure of such services must be provided prior to eration for admission.
Parent'	s Signature
The Wal	eturn to: dorf School of Saratoga Springs ons Coordinator

Please return to:
The Waldorf School of Saratoga Springs
Admissions Coordinator
62 York Ave
Saratoga Springs, NY 12866 USA Phone:
518.587.2224 Fax: 518.581.1466
admissions@waldorfsaratoga.org