

# **English Language Immersion Program Application for Admission**

Please complete and answer all questions and return this form to:

The Waldorf School of Saratoga Springs, Admissions Coordinator, 62 York Avenue, Saratoga Springs, NY 12866 USA Phone: (518) 587-2224/Fax:(518) 581-1466 Email: admissions@waldorfsaratoga.org

## **Applicant Information** First Name Middle Name Last Name Preferred Name or Nickname Date of Birth (m/d/y) Age M/F Country of Citizenship/Birth Phone Number Address /Street City Zip/Postal Code Country State Current Grade Current School/Name and Address Grades and Dates Attended Does your child have any needs that require support services during the school day? oYes oNo If yes, please briefly explain: Program Applying to (please check as appropriate) Please circle grade applying to: 10 11 Applying for academic year \_\_\_\_\_ Has applicant applied to WSSS previously? o Yes o No

## Family Information

Parent/Step-Parent/Guardian (Please specify)		Parent/Step-Parent/Guardian		
Name				
Address				
City, State, Zip				
Home Phone				
Cell Phone				
Fax				
Email				
Occupation				
Work Phone				
Employer				
Business Address				
Siblings				
C		School Curre	ently	
Applying Names	Ages	Attending an	nd Grade	to
WSSS?				
	_			
Additional Information				
Please provide any addition	nal information ab	oout your child th	nat you believe we should know:	

Signature of Parent(s) or Guardian(s)		Date:	
English Lang	guage Immersio	n Program	
<u>Stud</u>	lent Questionna	<u>ire</u>	
Name	Grade	Date	
Please carefully consider and respond to the follow language teacher.	ving questions, and retur	rn your completed applica	tion to your foreign
Other than deepening your under interests you about this immersion			
2. When would you like to begin this	s program and for ho	ow long?	

3. Are you prepared to apply yourself diligently to your schoolwork?

4.	Describe the ways in which you will be a good guest, showing appreciation for your host family and their environment, tidying after yourself, complying with the rules of your host family such as curfews, helping with chores?
5.	Describe a situation where you have had to adapt to a new situation and change your habits.
6.	What do you do in your free time?
7.	What interests do you search for in new friends?
8.	Do you consider yourself a flexible person? Please elaborate.
9.	Do you have siblings?

10. Do you get along well with members of your household?
11. What activities do you like to do with your family?
12. Do you prefer being by yourself, with friends, or with your family?
13. Are you aware that the program might be terminated if you were to not abide by the host school's policies and rules?



# Parent Questionnaire

Applic	ant's name:		Applying for Grac	de:
To help	us know your son or d	laughter, please give us you	ar frank and complete respons	se to the following:
1.		n or daughter. This may inc experiences, and other detain	elude a brief history of early c ils as age appropriate.	hildhood events, sibling
2.			or daughter's home, family, sch	
3.	Has your son or daugh describe (please indicate		hysical condition, illness or in	ijuries? If so, please
4.			our son or daughter. For exa	

5.	Please add any information you think would help us in reaching a decision on admission or in helping your son or daughter as a student of our school.
6.	Why would you like your child to enroll in this program?
7.	We find that qualities such as flexibility, openness, and solid interest in schoolwork to be most beneficial for success. What qualities does your child possess that would allow for a positive experience?
8.	What does your child do in their free time?
9.	Do you have a clear understanding that the exchange may be terminated if your child is engaged in activities or behavior that is incompatible with a successful immersion program?
Please The W	s' Signature: Date:  e return to: Valdorf School of Saratoga Springs
Please The W	e return to:

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The Elis 62 York Avenue Saratoga Springs, NY 12866 USA

Phone: (518) 587-2224 Fax: (518) 581-1466 Email: admissions@waldorfsaratoga.org



## High School Foreign Language Exchange Program

# Request for Transcript and Records

Date:	
To:	
Address and/or fax number:	
To Whom It May Concern: The following student(s) are now applying to the Waldorf	School of Saratoga Springs:
	Grade
	_ Grade
	_ Grade
Attn: Elisabeth Garofalo, Admissions Coordinator 62 York Avenue Saratoga Springs, NY 12866 U.S.A. Fax: 518-581-1466 Email: admissions@waldorfsaratoga.org  If you have any questions, please call Elisabet	
Parent Authorization for Release of Records	
I hereby authorize the release of an official transcript, test child(ren) listed above to the Waldorf School of Saratoga S	
It is understood that such release shall include only that integer pertinent, and that all such information shall be treated in a	
Signature:	
Relationship:	



#### Request for Recommendation of Class Advisor

Please forward this request to your class advisor.
Dear Class Guardian or Advisor,
is applying to the Waldorf School of Saratoga Springs English language immersion program. As part of our program application, we request that the student's class guardian or advisor write a letter of recommendation regarding this student's ability to participate in such a program.
Thank you for faxing or emailing your letter to the number indicated below. Faxing or emailing your document versus sending it through regular postal mail will save this student considerable and valuable time.
Thank you for your consideration, and with warm regards,
Elisabeth Garofalo Admission Coordinator

#### Please send records to:

The Waldorf School of Saratoga Springs Elisabeth Garofalo, Admissions Coordinator 62 York Avenue Saratoga Springs, NY 12866 USA

Phone: (518) 587-2224 Fax: (518) 581-1466

Email: admissions@waldorfsaratoga.org



## **Math Teacher Reference**

Please forward this request to your Math teacher.
Dear Math Teacher,
is applying to the Waldorf School of Saratoga Springs English
language exchange program. As part of our program application, we request that the student's Math
teacher sends us a reference regarding this student's ability to participate in such a program. Please
fill out both sides of this document, and return to us as promptly as possible.
Thank you for faxing or emailing your letter to the number indicated below. Faxing or emailing your
document versus sending it through regular postal mail will save this student considerable and
valuable time.
Thank you for your consideration and with warm regards,
Elisabeth Garofalo
Admission Coordinator
Please send reference to: The Waldorf School of Saratoga Springs Elisabeth Garofalo, Admissions Coordinator 62 York Avenue
Saratoga Springs, NY 12866 USA

Phone: (518) 587-2224 Fax: (518) 581-1466

Email: admissions@waldorfsaratoga.org

# Math Teacher Reference

Date _		Teacher's name
School	1	Phone ()
Addre	ss	
Applic	ant's name	Current Grade
How l	ong have you been working with this s	tudent?
Course	e title	
1.	Brief course description of courses of	covered in the high school.
2.	To what extent does the student rely	on memory versus conceptual processes?
3.	Have absences in any way affected the	ne student's classroom performance?
4.	What courses, if any, would you reco	mmend for this student in the coming year?

Applicant's Name:	
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	In regard to presence in class	Excellent	Good	Fair	Poor
1.	Class participation				
2.	Completion of homework				
3.	Ability to work independently				
4.	Desire to seek extra help				
5.	Intellectual curiosity				
6.	Attention during class				
7.	Motivation and effort				
	In regards to mathematical skills	Excellent	Good	Fair	Poor
8.	Computational accuracy				
9.	Computation speed				
10.	Mastery of concepts				
11.	Problem solving strategy				
12.	Mastery of basic math facts				
	In regards to future work in mathematics	Excellent	Good	Fair	Poor
13.	Potential for intellectual growth				
14.	Desire for knowledge				
15.	Current level of achievement				
	In regard to character	Excellent	Good	Fair	Poor
16.	Honesty and integrity				
17.	Maturity				
18.	Consideration for others				
19.	Leadership ability				



#### **English Teacher Reference**

Please forward this request to your English teacher.							
Dear English Teacher,							
is applying to the Waldorf School of Saratoga Springs English language immersion program. As part of our program application, we request that the student's English teacher send us a reference regarding this student's ability to participate in such a program. Please fill out both sides of this document, and return to us as promptly as possible.							
Thank you for faxing or emailing your letter to the number indicated below. Faxing or emailing your document versus sending it through regular postal mail will save this student considerable and valuable time.							
Thank you for your consideration and with warm regards,							
Elisabeth Garofalo Admissions Coordinator							

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# English Teacher Reference (continued)

Date	Teacher's name			
Applicant's name	Current Grade			
School	Phone ()			
Address				
How long have you been working with	this student?			
Please evaluate this student's performan	nce in the following areas:			
Vocabulary (oral and written)				
Writing: Sentence structure, cla punctuation	rity of style, organization of ideas, spelling, grammar, and			
Reading: Flow, accuracy, ability	for interpretation			

How is this student's overall performance relative to his or her ability?

Describe this student's class participation and working relationship:	
• with other students	
• with adults	
What do you perceive as this student's greatest strength in English?	
What do you perceive as this student's greatest need in English?	
Please feel free to share any other additional information that you feel will be valuable.	
Teacher's signature Date/	