

What interests you about a Steiner/Waldorf education for your child?

What would you like to see your child receive from his/her school experience?

Which school subjects does your child most enjoy? Least enjoy?

What activities is your child involved in outside of school (classes/hobbies/other)?

Does your child have access to media such as television, movies, video games and computers?
If so, to what extent?

What character traits stand out most in your child?

Have you consulted any professionals to address medical, emotional, learning or behavioral challenges regarding your child? ___ Yes ___ No ***If yes, please submit written reports of their observations, testing or findings with this application.***

Please list current prescription medications your child is taking.

Please add anything else that you feel would contribute to creating a picture of your child and would best help us to meet his/her needs.

Please list other family members:

Brothers & Sisters	Birth Date	School Now Attending

Previous Schools Attended	Address	Dates	Grade

Teacher or Director to be contacted for records and references:

Name	Address	Phone

To what other schools have you applied? _____

Enclosed is my application fee of \$75.00, which I understand is non-refundable.

Parent Signature Date

***Statement of Non-discriminatory Policy:** Greenwood School is open to all children without regard to race, color, religion, gender, national origin, medical condition or handicap, or any other legally protected status. This policy of non-discrimination covers school programs and activities, including but not limited to academic admissions, financial aid, educational services, and employment. The school is a 501(c)(3), tax-exempt, non-profit organization. Scholarships based on financial need are available.*

For Office Use Only: Application Received _____ Fee Received _____

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