

Date received _____
Including –
PHOTO _____
APPLICATION FEE _____

Cedar Springs Waldorf School
6029 Gold Meadows Road, Placerville, CA 95667 (530) 642-9903
Application for Admission

Grade Applying for _____ School Year _____/_____

CHILD'S NAME _____
First Middle Last

Male _____ Female _____ Date of birth _____

School now attending (include phone #, address and grade) _____

_____ Current teachers' name _____

School(s) previously attended _____

MOTHER'S (GUARDIAN'S) FULL NAME _____
(Please underline the name you use)

Home address _____

Mailing address _____

Home telephone _____ e-mail address _____

Occupation _____ Work telephone _____

Business address _____

FATHER'S (GUARDIAN'S) NAME _____
(Please underline the name you use)

Home address _____

Mailing address _____

Home telephone _____ e-mail address _____

Occupation _____ Work telephone _____

Business address _____

OVER →

BROTHERS & SISTERS

Age

School Currently Attending

How did you hear about Cedar Springs Waldorf School? _____

Are there any special physical conditions (vision, hearing, speech, movement) that might require special attention? If so, please explain: _____

Does your child have any learning or behavioral problems that you are aware of? _____

** In a paragraph, please give a written picture of your child. Include his or her physical characteristics and personality, special interests or talents, how he or she interacts with other children, and his or her activities outside school. Let us know what you consider to be your child's strengths and what traits you would like to see strengthened.*

Signature of Mother/Guardian

Date

Signature of Father/Guardian

Date

Please return this application along with a photograph of your child and the non-refundable application fee of \$50 to the office.

You will be contacted for an interview by the teacher.

Cedar Springs Waldorf School

Student Health Questionnaire

Please bring this questionnaire with you to your interview with the teacher.

CHILD'S NAME _____ *Date of Birth* _____

Has this child been immunized? _____

Does the child wear glasses? _____ *for what condition* _____

Is the child right or left handed? _____

Is the child on continuing medication? _____ *What?* _____

Prescribed for? _____

For Grades: How many days of school did your child miss this past year due to illness? _____

Does the child have respiratory weakness? _____ *If yes, explain* _____

Date of last medical visit _____ *Results* _____

Date of last dental visit _____ *Results* _____

Would you consider the health of this child excellent, very good, fair, or poor?
Comments (low immune system, often ill, etc.): _____

Can this child take part in a normal physical education program? _____

OVER →

Health History

Please indicate the illnesses that your child has had up to the present:

<i>Illness</i>	<i>Date of Illness</i>	<i>Complications</i>
<i>Diphtheria</i>		
<i>Scarlet Fever</i>		
<i>Chicken Pox</i>		
<i>German Measles</i>		
<i>Mumps</i>		
<i>Whooping Cough</i>		

Other (please describe) _____

Please list any surgery the child has had and the date of surgery. _____

Has the child been hospitalized since birth? _____ *For what?* _____

Any challenges in the child's development (including delays, accidents, injuries, etc.)? _____ *What and when?* _____

Cedar Springs Waldorf School
6029 Gold Meadows Road * Placerville, CA 95667* (530) 642-9903
E-mail: cedarsprings@directcon.net Website: www.cedarspringsonline.com