

Grace Farm Campus
Grade School

APPLICATION FORM

FOR OFFICE USE:	
Date rec'd	_____
Pd. \$	Ck. _____
<input type="checkbox"/> Class list	<input type="checkbox"/> Big Sis
<input type="checkbox"/> Confirm	<input type="checkbox"/> To teacher

Date of Application _____ For School Year _____

Child's Name: First _____ Middle _____ Last _____

Pronouns used _____ Date of Birth _____

Age on September 1 of year applied for _____ years _____ months

Child's Town of Residence _____

Grade applied for: 1st 2nd 3rd 4th 5th 6th 7th 8th

Parent/Guardian's Name _____ Relationship to child _____

Preferred pronouns _____ Primary phone _____

Email address _____

Mailing address _____

Nature of work _____ Employer _____

Parent/Guardian's Name _____ Relationship to child _____

Preferred pronouns _____ Primary phone _____

Email address _____

Mailing address _____

Nature of work _____ Employer _____

Child's parents are: married/civil union divorced/separated single parent

With whom does the child live? both parents mother father shared custody stepfather/mother other

School correspondence should be addressed to: _____

Other Caregiver _____ Relationship to child _____

Primary phone _____ Email address _____

Sibling(s)	Date of Birth	School Attending
_____	_____	_____
_____	_____	_____

How did you hear about Orchard Valley Waldorf School? _____

Application Questionnaire

Please answer the following questions as completely as possible, typing or printing in blue or black ink and using additional sheets if necessary.

1. Describe your child's birth and developmental milestones such as crawling, standing, walking, talking, toilet training, etc.
2. What do you see as your child's strengths?
3. What traits would you like to see strengthened?
4. Describe your child in terms of their interests, temperament, hobbies, likes, dislikes, favorite activities, toys, etc.
5. Please list private lessons and/or sports programs (if any) in which your child participates.
6. *For grades 3 and above:* Does your child play a musical instrument? If so, which one? Does your child read music?
7. What primary language is spoken at home? What other languages are spoken in your home, or has your child been exposed to?

15. Please tell us what you know about Waldorf Education and philosophy? Why are you interested in Orchard Valley Waldorf School for your child?

16. Are you interested in a full Waldorf education (through 8th grade) for your child?

17. Imagine that it is a cold, rainy Saturday in mid-November. Please describe how your child might spend the day.

If your child has attended a previous school, please include a completed Release of Information form and a Release of Limited Records form (attached). If and when you enroll your child in OVWS you will need to complete a Release of Full Record Request as well.

I/we verify that the information provided in this application is true and complete, and understand that acceptance/enrollment/continued enrollment could be affected by inaccurate or incomplete answers.

Parent /Guardian's Signature

Date

Parent/Guardian's Signature

Date

Return this application along with the \$50 non-refundable application fee to:

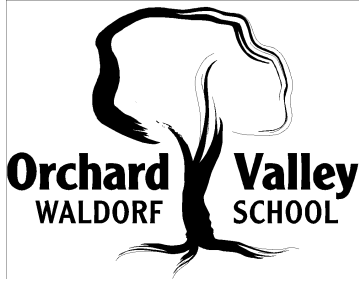
Orchard Valley Waldorf School

2290 Vermont Route 14 North

East Montpelier, VT 05651

For more information contact the Enrollment Office at 802-456-7400 or enrollment@ovws.org

OVWS does not discriminate on the basis of race, color, religion, gender, sexual orientation, disability, national or ethnic origin.



Orchard Valley Waldorf School
2290 VT Route 14 North
East Montpelier, VT 05651

Release of Information Request Form

Student's Name

Date of Birth

Current or Previous School

Current or Last Grade and Year

Address of School

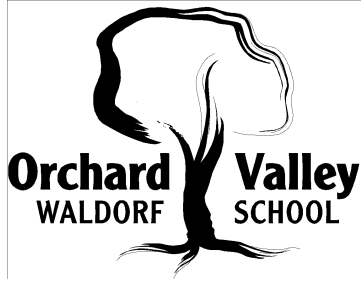
Phone Number of School

I, _____ parent/guardian of student listed above, do hereby grant permission for a representative of the Orchard Valley Waldorf School to contact/speak with my child's class teacher(s), special educators, counselor, etc. listed below: (Please indicate position or subject taught.)

Signature of Parent/Guardian

Date

Please contact the Enrollment Office at 802-456-7400 or enrollment@ovws.org if you have any questions.



Orchard Valley Waldorf School
2290 VT Route 14 North
East Montpelier, VT 05651

Release of Limited Records Request Form

Student's name

Date of birth

Current or previous school attended

Current or Last Grade and Year

School address

Please forward copies of the above named student's most recent mid-year/end-of-year report and any IEP, 504 plan, behavioral plan, and counselor/psychologist report in his/her school file to the Orchard Valley Waldorf School.

Please contact the Enrollment Office at 802-456-7400 or enrollment@ovws.org if you have any questions. Thank you.

Permission for release of information:

I, _____ parent/guardian of student listed above, do hereby grant permission for the release of all requested information to the Orchard Valley Waldorf School.

Signature of Parent/Guardian

Date