



Mulberry Waldorf School Grade School Application Form

Dear Parents,

We strive to meet the needs of all our students. Having an understanding of a child’s background, both personal and educational, will help us to assess their needs more accurately. In order to determine if we are able to meet your child’s needs while continuing to meet the needs of other students, full disclosure of any assessments or concerns is requested.

Please send this completed form to the [Administrative Head](#) in advance of your interview.

The information contained in this document will remain strictly confidential, and is requested in order that the teachers have as complete a picture of your child as possible.

Child’s Name: _____ Birth Date: _____
(MM/DD/YYYY)

Current Grade: _____

Parent(s) Names: _____

Other members of the household:

Primary language at home: _____

Does your child speak another language at home? If so, please indicate: _____

Address: _____ City: _____

Main Phone: _____ Other Phone: _____

E-mail: _____

Please indicate when you expect your child will be in our care:

GRADE: Grade: 1 2 3 4 5 6 7 8

Extended Care (please check each day required):

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
BEFORE CARE (8:00 - 8:40am)					
AFTER CARE (3:30 – 5:15pm)					

7. Please indicate if your child has been assessed in any of the following. Please attach copies of reports.

- | | |
|---|---|
| <input type="checkbox"/> Psychoeducational Assessment | <input type="checkbox"/> Speech & Language Assessment |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Eyesight |
| <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Pathways |
| <input type="checkbox"/> Sensory integration | <input type="checkbox"/> Other Community Organization |
-

8. Are there any medical conditions that we need to know about? Please provide details.

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Speech |
| <input type="checkbox"/> Eyesight | <input type="checkbox"/> Fine motor |
| <input type="checkbox"/> Gross motor | <input type="checkbox"/> Co-ordination |
| <input type="checkbox"/> Emotional | <input type="checkbox"/> Behavioural |

9. Does your child have any medical dietary restrictions or allergies (e.g., celiac, anaphylaxis)? If so, please detail. Is your child on any medication? If so, please provide details.

10. a) How many hours does your child sleep each night? When is bedtime?

b) What are your after school routines, including bed-time?

c) Does your child eat well? Please provide details.



11. Comment on your child's development from birth to school-age (e.g., crawling, speech, change of teeth).

12. How does your child respond to limits and boundary setting or redirection of behaviour? What is your approach to discipline?

13. Has your child ever been in a classroom where concerns came up with regards to his/her behaviour? If so, what were the issues and how were these dealt with?

14. Approximately how many hours per week does your child use any of the following?

TV: _____ Computer: _____ Video Games: _____

Movies: _____ Smartphone or Tablet: _____

13. How did you hear about Mulberry Waldorf School?

14. What attracts you to the Waldorf philosophy?

Thank you for taking the time to thoroughly complete this form. Your efforts are truly appreciated. This information will help us assess our ability to meet your child's needs. All the information in this document is strictly confidential. Please let us know if you have any questions about this form.