



Grade School Application Form

Thank you for your interest in Mulberry Waldorf School! Please complete this Application Form to the best of your ability and with full disclosure. Having an understanding of a child’s background, both personal and educational, will allow us to assess their needs more accurately. It is also important for our Faculty to have a full picture of the student to determine whether we can meet their needs while continuing to meet the needs of the children currently enrolled in the class. The information contained in this document will remain strictly confidential.

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

Child’s Name: _____

Pronoun: _____ Birth Date: _____
(MM/DD/YYYY)

Parent(s)’ Names: _____

Other members of the household: _____

Primary language: _____ Other languages: _____

Address: _____ City: _____

Phone: _____ Email: _____

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)					



What kind of school experience do you wish for your child?

What does your child enjoy doing?

What are your child's strengths?

Social



Physical (fine and gross motor)

Emotional

Academic (literacy, numeracy)



Are there any areas of concern?

Social

Physical (fine and gross motor)

Emotional

Academic (literacy, numeracy)

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 |

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 |

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

How many hours does your child sleep each night? When is bedtime?

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



Does your child eat well? Please provide details.

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

Has your child ever been in a classroom where concerns came up with regards to his/her behaviour or focus/attention/engagement? If so, what were the issues and how were these addressed?



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

TV: _____ Computer: _____ Video Games: _____

Movies: _____ Smartphone or Tablet: _____

How do you anticipate your child will be on the first day/ in the first week of school?

***Thank you for taking the time to thoroughly complete this form.
All the information in this document will be treated as strictly confidential.
Please let us know if you have any questions about this form.***