



2011-2012 New Student Application

Thank you for your interest in our school. Upon receipt of this completed application and the \$60 fee, we will call to schedule a conference with your child and both parents. This conference with your family and the teacher is necessary to ensure that your expectations as parents are congruent with what we offer as a school and to assess your child's readiness for the class requested.

One child per application: _____ **Application Fee:** _____ **Date** _____

Grade applying for _____ \$60.00*
*non-refundable

Child's Legal Name: _____ Birthdate: _____ Female Male

Family Mailing Address: _____ Zip Code _____

Relationship: Mother Father Guardian Mother Father Guardian

Name: _____

Physical Address: _____

(day) _____

(eve) _____

(cell) _____

(e-mail) _____

Occupation: _____

Does child live here? yes no yes no

Carrs/Safeway offers an eScrip fundraising program for schools, in which a percentage of your purchases benefits Anchorage. If you would like to participate, please provide us with your Carrs/Safeway number: _____

1. How did you hear about our school? _____

2. Has your child been enrolled in a school before? ___No ___Yes, at _____

3. Brothers' and sisters' names and birth dates: _____

4. If child does not live with both parents, please describe the child's living situation: _____

5. Activities outside school (hobbies, sports, other classes or programs): _____

6. Average hours per day of television, videos, and computer on: weekdays _____ weekends _____

7. What do you consider to be your child's strongest aptitudes and traits of character? _____

8. What traits do you wish to see strengthened? _____

9. Please describe any difficulties your child experienced in early life (developmental concerns, health, etc.): _____

10. Please describe your child's general health at this time: _____

11. Allergies/Emergency health conditions? _____

12. Does your child have any physical disabilities, academic and/or emotional challenges or conditions for which he/she has been under treatment? Please list any medications your child takes to treat these conditions:

13. Below or on a separate piece of paper, please provide some background regarding your interest in Waldorf education and your reasons for applying to the Anchorage Waldorf School. Please also tell us about your child and family, including information regarding birth experience, home life and routine, unusual and/or extraordinary events, temperament, discipline style, and any other insights you have about your child that may be helpful in the teachers' ability to work with him or her.

Parent/Guardian's Signature _____ Date: _____

Submit this application and fee to the main office, or mail to: **Anchorage Waldorf School**
3250 Baxter Road Anchorage, AK 99504

OFFICE USE ONLY		
<input type="checkbox"/> Date received _____	<input type="checkbox"/> Faculty copy attached _____	<input type="checkbox"/> Appl to Bus Mgr _____
<input type="checkbox"/> Amt. \$ _____ Ck# _____ CC _____	<input type="checkbox"/> Acceptance Letter Sent _____	<input type="checkbox"/> Family Profile entered _____