

**CITY OF LAKES WALDORF SCHOOL**  
**APPLICATION FOR ADMISSION**

**Please submit one application per child; you may copy this form as necessary.**

Date of Application \_\_\_\_\_ for School Year \_\_\_\_\_

Student's Legal Name \_\_\_\_\_ Nickname \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender: M F

**Applying for** (please check program and circle days for Pre-K and Afternoon Care):

\_\_\_\_\_ Kindergarten mornings\* (M-F)  
\_\_\_\_\_ Pre-Kindergarten mornings\* M/T W/Th/F M-F  
\_\_\_\_\_ Afternoon Care (12:00 – 3:15) M/T W/Th/F M-F

**\*Note: Pre-Kindergarteners must be 3 ½ and toilet trained to be eligible for Pre-K. Please ask the Enrollment Coordinator about our policy for children who turn three between April 1<sup>st</sup> and September 1<sup>st</sup>.**

**Applying for** (please circle one):

Grade 1\* 2 3 4 5 6 7 8

**\*Note: Student must turn 6 before July 1<sup>st</sup> to be eligible for Grade One.**

\* \* \* \* \*

**Parent's Name** \_\_\_\_\_ **Home Phone** \_\_\_\_\_  
**Business/Cell Phone** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**Occupation** \_\_\_\_\_ **Employer** \_\_\_\_\_  
**E-mail** \_\_\_\_\_

**Parent's Name** \_\_\_\_\_ **Home Phone** \_\_\_\_\_  
**Business/Cell Phone** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**Occupation** \_\_\_\_\_ **Employer** \_\_\_\_\_  
**E-Mail** \_\_\_\_\_

Student's parents are:  
\_\_ Married \_\_ Separated \_\_ Divorced \_\_ Widowed \_\_ Single \_\_ Domestic Partnership

With whom does your child live? \_\_\_\_\_

Is there anyone at home who shares responsibility for your child? \_\_\_ Yes \_\_\_ No  
Name of caregiver \_\_\_\_\_ Relationship to student \_\_\_\_\_

Other children in family:                      Age                      School  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who is financially responsible for school expenses? \_\_\_\_\_

Do you want to receive information about the Tuition Assistance Program based on financial need? \_\_\_ Yes \_\_\_ No

Student’s School History:  
(For the young child, please describe any group experiences, i.e. day care, play groups)

Student’s Current and Previous School(s)	School Address	Dates	Grade(s)
_____	_____	_____	_____
_____	_____	_____	_____

If your child is a grade student from another school, why are you leaving your current school? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your child ever been tested, assessed or referred for any special needs or services? If so, please describe. Please send all reports and documents related to the special needs of your child. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have any of the following ever been recommended for your child? Please elaborate.

- Testing for learning differences?
- Psychological testing or counseling?
- Testing regarding any behavioral problems?

How would you describe your child’s health? Please share information regarding health concerns (e.g., allergies, vision, medications).  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide a brief description of the child's birth or adoption experience. (For example, type of delivery, prematurity, age of child when adopted, etc.)

---



---



---

Have there been any important changes in your child's life (e.g., moving, deaths, divorce, trauma, accidents, etc.)?

---



---



---

What is your child's favorite way to spend time?

---



---



---

Are you aware of our school's recommendations regarding screen time/media and children? Please see our policy in the Parent Education section of our website ([www.clws.org](http://www.clws.org)).  Yes  No

How many hours per week does your child engage in screen time (TV/videos, video games, computer)? \_\_\_\_\_ hours

Are you willing to work with our teachers to reduce or eliminate screen time for your child?  Yes  No

Does your child have any activity restrictions?

---



---

Please describe how much time your child spends with each parent and doing what kinds of activities?

---



---



---

Does your child tend to be outgoing or reserved? Please describe your child's temperament.

---



---

How many hours of sleep per night is typical? \_\_\_\_\_ Nap? \_\_\_\_\_

What type of discipline works best for your child?

---



---



---

Please share with us any religious or spiritual preference you may have.

---

---

Are you familiar with Waldorf education? If so, how did you learn about it?

---

---

What do you know about Waldorf Education and/or what more would you like to know?

---

---

---

---

---

---

---

Parent(s) signature

Date

Please return this form, records release form (for K – Grade 8 applicants), birth certificate for Kindergarten or Grade One, current photograph (optional), and a non-refundable \$50 processing fee. Forms and fees must be received prior to child’s visit/parent conference. Enrollment is considered complete with: 1) receipt of all materials listed above 2) child’s visit and/or 3) parent/teacher conference 4) acceptance by teacher 5) signed tuition contract 6) tuition deposit of \$250 (non-refundable). Send materials to:

City of Lakes Waldorf School  
Attn: Enrollment  
2344 Nicollet Ave. S.,  
Minneapolis, MN 55404  
612-767-1502

City of Lakes Waldorf School is a non-profit, non-sectarian private school that admits students of any race, color, national or ethnic origin. It does not discriminate on the basis of race, color, national and ethnic origin in the administration of its educational policies, admission policies, tuition reduction program and other school administered programs.