

# Student Application



## Minnesota Waldorf School

70 East County Road B.  
Maplewood, MN 55117  
Phone: 651-487-6700  
Fax: 651-487-6800  
[www.mnwaldorf.org](http://www.mnwaldorf.org)  
[info@mnwaldorf.org](mailto:info@mnwaldorf.org)

Student Name: \_\_\_\_\_ Grade \_\_\_\_\_ Year \_\_\_\_\_

*Please include a non-refundable \$45 application fee.*

**Application for Admission**

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Student Name \_\_\_\_\_

First Middle Last

Nickname \_\_\_\_\_

Birth date \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Applying for the Mixed – Age Kindergarten Yes No

If yes, number of Days: 2 3 5 Half days or 2 3 5 Full days

Applying for Grade: 1 2 3 4 5 6 7 8

**Applicant's Parent or Guardian**

**Parent 2 (Parent or Guardian)**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Step Parent Name \_\_\_\_\_

Are parents separated? Yes No Divorced? Yes No

What is the student's primary address? \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**Name(s) and address of person(s) who should receive correspondence and notices (if different than above).**

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Do you want to receive information about the Tuition Assistance Program? \_\_\_\_\_

**Other Children in the Family:**

Name \_\_\_\_\_ Birth date \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Birth date \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Birth date \_\_\_\_\_ School \_\_\_\_\_

**Child's Health History**

How was the pregnancy and birth? Any special conditions or health concerns for mother or baby?

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When did your child first start Crawling? \_\_\_\_\_ Walking? \_\_\_\_\_ Talking? \_\_\_\_\_

Any problems during early childhood with eyes, ears, speech, coordination, skin, digestion?  
Please be specific.

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Any early childhood trauma, surgery or serious illness?

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**Please answer all that apply and briefly explain:**

**Does your child...**

Wear glasses? \_\_\_\_\_

Wear a hearing aid? \_\_\_\_\_

Have allergies? \_\_\_\_\_

Have any food restrictions? \_\_\_\_\_

Take any medication and for what condition? \_\_\_\_\_

Have frequent headaches? \_\_\_\_\_

Have frequent nosebleeds? \_\_\_\_\_

Have respiratory weakness? \_\_\_\_\_

Have any restrictions for normal physical activities / movement? \_\_\_\_\_

**Please list any early childhood programs, preschools and schools your child has attended:**

<b>Name</b>	<b>Address</b>	<b>Grades Attended</b>	<b>Program Type</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Written Portrait of Your Child**

Please note details about your child that will be helpful to the teachers. For example, special interests and abilities and needs; physical characteristics; any behavior, medical, or emotional challenges to overcome; social strengths and weaknesses; qualities you would like to see nurtured.

Please describe your child's home life and family activities: sleep and eating habits; languages spoken at home; values you hold that you consider unique to your family, entertainment and play activities.

What are you hoping to find in this education for your child?

How did you hear about the Minnesota Waldorf School?

**Minnesota Waldorf Media Statement**

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Electronic media, especially television, has become a pervasive feature of American life. The Waldorf school philosophy, consistent with other expert research and advice, questions the value of this technology for children. Children particularly those under the age of nine are so deeply affected by everything in their environment. Television not only affects their behavior and performance in school but can have a profound and lasting influence on their lives as well.

The faculty of the Minnesota Waldorf School strongly discourages the use of electronic media by children. This includes television, movies, videos, arcade and computer games, as well as computer use in general. These influences work directly in opposition to the healthy development of the imagination, creativity, attention span, memory and physical well being that we are trying to guide and support in the children.

The teacher will discuss media issues with you at the time of your interview. We have a thorough bibliography of current research on this topic available upon request.

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Parent Signature

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Date

*The Minnesota Waldorf School does not discriminate on the basis of gender, ability, sexual orientation, race, color, religion, nationality or ethnic origin.  
The Minnesota Waldorf School is a 501(c) (3) non profit organization.*

## Minnesota Waldorf School



### **Preschool – Kindergarten and Grades Application Process:**

**Attend one or more of the following:** Information Evening, All School Open House, Preschool - Kindergarten Open House, or Classroom Tour.

**Complete Application:** Please fill out and return application with a \$45 Non - refundable application fee. Please include a photo of your child.

**Preschool – Kindergarten Applicants:** The young child is invited to attend a scheduled kindergarten afternoon with their parent. In this relaxed setting child and parent enjoy a part of the kindergarten morning in the afternoon.

**Grades Applicants:** The family of a student applying for grades 1-8 will be contacted to schedule a classroom visit for three consecutive days.

**Parent Interview with the Class Teacher:** This is an excellent opportunity for families to ask questions about the school and the guiding principles of the education and to share information about their child. In turn teachers share observations about the student's experience in the classroom and articulate ideals specific to Waldorf education and that class.

**After the interview the teacher will notify the enrollment office regarding acceptance or next steps. Within seven business days a letter of acceptance, conditional acceptance, acceptance pending space availability, or non acceptance will be sent.**

Please call the enrollment office with any questions at 651-487-6700 ext. 205

# Minnesota Waldorf School



## Student Records Release Form

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Student Name

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Current School

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Fax Number

I authorize the release of current school information to the Minnesota Waldorf School.  
Please send copies of transcripts and all other relevant materials to:

Minnesota Waldorf School  
Attention: Enrollment Office  
70 East County Road B.  
St. Paul, MN 55117  
651-487-6700  
Fax: 651-487-6800

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Parent or Guardian Signature

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Date