



**EMERSON WALDORF SCHOOL  
APPLICATION FOR ENROLLMENT**

**APPLICANT INFORMATION**

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Preferred Name \_\_\_\_\_ Birthplace \_\_\_\_\_

Applicant seeks to enroll in Grade \_\_\_\_\_ for School Year \_\_\_\_\_

Home Address/Street and Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

**FATHER**

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Check if address is same as applicant

Home Address/Street and Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone/Cell Phone \_\_\_\_\_ EMAIL \_\_\_\_\_

Employer \_\_\_\_\_ Position or Title \_\_\_\_\_

Business Address/Street and Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_ EMAIL \_\_\_\_\_

**MOTHER**

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Check if address is same as applicant

Home Address/Street and Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone/Cell Phone \_\_\_\_\_ EMAIL \_\_\_\_\_

Employer \_\_\_\_\_ Position or Title \_\_\_\_\_

Business Address/Street and Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_ EMAIL \_\_\_\_\_

# EMERSON WALDORF SCHOOL

## INFORMATION ABOUT THE CHILD

Name of school currently attending \_\_\_\_\_ Current Grade \_\_\_\_\_

School Mailing Address \_\_\_\_\_

School Phone # (including area code) \_\_\_\_\_ School Email Address \_\_\_\_\_

Child's outdoor activities \_\_\_\_\_

Child's indoor activities \_\_\_\_\_

Hours of media exposure (TV, video, computer) \_\_\_\_\_ Daily \_\_\_\_\_ Weekends \_\_\_\_\_

Bedtime: \_\_\_\_\_ School nights \_\_\_\_\_ Weekend \_\_\_\_\_

## MEDICAL INFORMATION

Describe general health.

Does your child have any known allergies (such as drugs, food, animals, dust, etc.)? If so, please specify.

Any physical conditions EWS should be aware of?

Does your child regularly use medication? If so, please specify.

## OTHER INFORMATION

How did you hear of the Emerson Waldorf School?

What is your reason for applying to our school?

Are you familiar with Waldorf education?

**Will your family be seeking tuition assistance?**

**Please circle:**      Yes                              No

**Will applicant need AfterCare (Nursery/Kindergarten from 12-3 p.m.) or AfterSchool (grades 1-8 from 3-6 p.m.)?**

**Please Circle:**      Yes                              No

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Please enclose Application Fee of \$50 and return to:**

**Emerson Waldorf School  
Admissions  
6211 New Jericho Road  
Chapel hill, NC 27516**

**EMERSON WALDORF SCHOOL**

Grade 1-8

Student Interview Form

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Birthdate \_\_\_\_\_

HISTORY

How was the pregnancy and birth?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

At what age did the child walk? \_\_\_\_\_ Speak? \_\_\_\_\_

Are there letters or sounds which your child has difficulty pronouncing? (Such as R, Y, D?) \_\_\_\_\_

Has your child ever been evaluated by a therapist or have an Individualized Education Plan (IEP)? \_\_\_\_\_

If so, explain \_\_\_\_\_

HOME AND FAMILY RHYTHM

What time does your child awake in the morning on weekdays? \_\_\_\_\_ weekends? \_\_\_\_\_

Does child eat breakfast? \_\_\_\_\_ What does he or she eat? \_\_\_\_\_

Do you or your child follow any special diet? \_\_\_\_\_

What types of food does your child like most? \_\_\_\_\_

What foods does your child like least? (Any strong dislikes of salty, spicy, sour?) \_\_\_\_\_

\_\_\_\_\_

What times are the meals? \_\_\_\_\_

Does your child tidy up room or play area? \_\_\_\_\_

How does your family resolve conflicts? \_\_\_\_\_

\_\_\_\_\_

How would you describe your child's personality? \_\_\_\_\_

What time does your child go to bed on weekdays? \_\_\_\_\_ Weekends? \_\_\_\_\_

**EMERSON WALDORF SCHOOL**

Grade 1-8

Student Interview Form - Continued

What, if any, is the bedtime ritual? \_\_\_\_\_

Does the child fall asleep easily? \_\_\_\_\_ Sleep through the night? \_\_\_\_\_

Any history of recurrent nightmares? \_\_\_\_\_

**PLAY**

What activities does your family do together that your child enjoys? \_\_\_\_\_

Does your child swim or enjoy physical activities? \_\_\_\_\_

Does your child use a computer or computer games? \_\_\_\_\_ How often? \_\_\_\_\_

Does your child watch TV? \_\_\_\_\_ When? \_\_\_\_\_

What? \_\_\_\_\_ How long? \_\_\_\_\_

Do you play the radio or tapes in the car on route to school? \_\_\_\_\_

Does your child have playmates in the neighborhood? \_\_\_\_\_ What are their ages? \_\_\_\_\_

Does your child have brothers or sisters? \_\_\_\_\_ What are their ages? \_\_\_\_\_

Describe their relationship and play \_\_\_\_\_

Does your child have pets? \_\_\_\_\_

Does your child have imaginary playmates? (Give names and describe) \_\_\_\_\_

Does your child like playing alone? \_\_\_\_\_

Is there a special doll or toy? \_\_\_\_\_

What kind of play does he or she enjoy most? \_\_\_\_\_

Do you have any concerns you would like to share with us? \_\_\_\_\_

**Please return to:**

Emerson Waldorf School

Admissions

6211 New Jericho Road

Chapel Hill, NC 27516

phone 919-967-1858 ext. 14 fax 919-967-2732

# EMERSON WALDORF SCHOOL

Grade 1-8

## Teacher Reference Form

\_\_\_\_\_ has applied for admission to the Emerson Waldorf School. This teacher reference form is one of the application requirements for entrance to our school.

In Waldorf Education, each child follows a curriculum offering an in-depth progression through the traditional academic subjects including history, geography, language arts, the sciences, geometry, and algebra, foreign languages, and the fine and practical arts (painting, sculpting, music, drama, handwork, gardening, woodworking, and eurythmy- a form of movement set to speech and music).

Your thoughtful and candid comments will help us to determine whether the Waldorf School is the right school for this child. Please rest assured that your responses will be held in the strictest confidence. We also ask that you take time now to respond, for the child's application will not be complete without this information.

Please use a separate piece of paper if more space is needed.

How long have you known the applicant? In what capacity?

Could you tell us what academic and intellectual strengths and weaknesses the applicant displays?

Is this child comfortable with reading? How are the child's verbal skills? Writing skills? How about other academic subjects?

How about artistically -- in art, in music?

How does the child get along with other children? Would you describe this child as a leader, a follower, a participant, an observer, a loner? Does she/he respond readily to peer pressure, in a negative or positive way? How would you describe the child's friendships? Adult relationships?

Could you describe the applicant's learning style? Does he or she follow directions well? Participate in class discussions and projects? Work independently or in groups? Follow through on class- and home-work? Exhibit imagination, curiosity and motivation? Please be specific.

**EMERSON WALDORF SCHOOL**

Grade 1-8

Teacher Reference Form – Continued

Could you comment on the emotional maturity of the applicant. Personal strengths and needs? How about sense of humor, leadership, integrity. Feel free to include specific anecdotes.

How would you imagine that this child might respond to the challenge of catching up in a subject -- music, foreign languages, other -- that the rest of the class might have studied for a number of years?

Please comment on the applicant's special interests or abilities.

Does the applicant have any impairment in speech, hearing, vision, muscular development, or visual/auditory perception or processing of which we should be aware? To your knowledge, has the child ever been evaluated or received counseling or tutoring of any kind? Please be specific.

What advice would you offer to someone working with this child?

Any additional comments:

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Name	Signature	Date
Title	Address	Telephone

**After completion, please return this form to :**  
Director of Admissions  
Emerson Waldorf School  
6211 New Jericho Road  
Chapel Hill, NC 27516  
phone 919-967-1858 ext. 14 fax 919-967-2732

## Request for Records

Parents: Submit this request to the Admissions Office of your child's **current** school.

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Name of Applicant

The student whose name appears above is a candidate for admission to the Emerson Waldorf School. Please send the students' records, including any test scores, IEP and health records which are available to:

Director of Admissions  
Emerson Waldorf School  
6211 New Jericho Rd.  
Chapel Hill, NC 27516

[admissions@emersonwaldorf.org](mailto:admissions@emersonwaldorf.org)

Phone 919-967-1858 ext 14  
Fax 919-967-2732

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Signature of Parent Date