

Application for New Families 2018-2019

Student Applicant Information

Name			(Gender	
	First	Middle	Last		
	Applying for Grade	or Early Childhood Program: # of Days (3, 4	4 or 5) Morning Program_	Extended Day	
	Birth Date	Proposed Date of Entran	ce		
	School Presently Atten	nding			
Parent/Guardian Information					
Name					
Ivallic	First	Middle	Last		
	Relationship to Applic	cant			
	Street Address				
		City	S	State & Zip	
	Phone Home	Work	Mobile		
	Email				
	Employer				
Name					
	First	Middle	Last		
	Relationship to Applic	cant			
	Address				
		City	S	tate & Zip	
	Phone Home	Work	Mobile		
	Email				
	Employer				
Names of Siblings Bir		Birth Date	School Presently Atten	nool Presently Attending	
		_	_		
With	whom does the child	live?			

General Information					
What is your family's familiarity with Waldorf education?					
Please describe your child in regard to his/her interests, personality, hobbies, likes, dislikes, programs, language(s) spoken, etc.	favorite activities, toys, sports				
Please describe the role that screen media plays in your child's life (TV, movies, computer, ta	blet and smartphone use).				
Please describe your child's daily rhythm (meals, chores, bedtime, going-to-bed ritual, waking	g up etc.).				
Please describe your child's diet, dietary restrictions, or allergies.					
How did you learn about the Eastside Community School?					
Simulatura of Domontal Councilian					
Signature of Parent/Guardian	Date				

Please return this form with a \$75 application fee to:

Eastside Community School

Attention: Admissions
556 124th Ave NE, Bellevue, WA 98005

Date

Or e-mail to: admissions@threecedars.org