

Application for New Families 2018 - 2019



STUDENT APPLICANT INFORMATION

Name _____
FIRST MIDDLE LAST

Date of Birth _____ Gender _____
MONTH / DAY / YEAR

School Presently Attending _____

Proposed Date of Entrance _____
MONTH / DAY / YEAR

PROGRAM

☐ Grade Level _____
1-8 GRADE

☐ Early Childhood _____
3, 4, 5 DAYS

☐ Morning Program (ends 12:00)

☐ Extended Program (ends 2:45)

PARENT / GUARDIAN INFORMATION

Name _____ Relationship to Student _____
FIRST MIDDLE LAST

Street Address _____
STREET CITY STATE ZIP

Phone Number _____
HOME WORK MOBILE

Email Address _____ Employer _____

Name _____ Relationship to Student _____
FIRST MIDDLE LAST

Street Address _____
STREET CITY STATE ZIP

Phone Number _____
HOME WORK MOBILE

Email Address _____ Employer _____

Name of Sibling _____ Date of Birth _____ School 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, favorite activities, toys, sports programs, language(s) spoken, etc.

Please describe the role that screen media plays in your child's life (TV, movies, computer, tablet, and smartphone use).

Please describe your child's daily rhythm (meals, chores, bedtime, going-to-bed ritual, waking up, etc).

Please describe your child's diet, dietary restrictions, or allergies.

How did you learn about Eastside Community School?

SIGNATURES

PARENT / GUARDIAN

DATE

PARENT / GUARDIAN

DATE

Please return form with a
\$75 application fee to:
Eastside Community School
Attention: Admissions

Or e-mail to:
admissions@eastsidecommunityschool.org
and submit PayPal Payment:
[http://eastsidecommunityschool.org/
admissions-how-to-apply/](http://eastsidecommunityschool.org/admissions-how-to-apply/)