



# Grades Application for Admission

Date Application and \$75 Fee Received: \_\_\_\_\_

Student's Full Legal Name \_\_\_\_\_ Gender \_\_\_\_\_ Birthdate \_\_\_\_\_

Student's Primary Address \_\_\_\_\_

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

**Grades Placement**– Prairie Hill’s school policy is that children must be 6 years of age by May 1<sup>st</sup> to be considered for first grade. We strongly believe this is the age at which children are developmentally ready for first grade, and adhering to the May 1<sup>st</sup> guideline is the best way to ensure that your child’s developmental needs (academic, social and emotional) will be met by the unique Waldorf Curriculum that Prairie Hill offers. **Prairie Hill strongly encourages families to adhere to Prairie Hill’s May 1<sup>st</sup> recommendation when selecting which grade level to place their child in. This recommendation applies for first grade as well as all subsequent grades.** Students applying to the grades will be observed by Prairie Hill faculty as part of the enrollment process and a grade level recommendation will be made.

**Applying for Grade** \_\_\_\_\_ **Current Grade Level** \_\_\_\_\_ (M-F) 8:00 a.m.-3:15 p.m. (except on **Thursdays, dismissal is at 2:45 p.m.**)

We strive to create a diverse population of students and families. The information you provide to us on your child’s race and ethnicity is used for state reporting purposes. **Student is Hispanic or Latino:**  Yes  No

**Student is: (Please check all boxes that apply)**  American Indian or Alaska Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White  Multi-racial

### Applicant’s Parent or Guardian

Parent/Guardian Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_

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

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Partner Name (if not parent 2): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

### Parent or Guardian 2

Parent/Guardian Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_

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

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Partner Name (if not parent 1): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Are parents separated?  Yes  No Divorced?  Yes  No If yes, who has legal custody? \_\_\_\_\_

If your child does not live with both parents, please describe the child’s living situation including custodial and visitation arrangements and other adults living in the home: \_\_\_\_\_

(Please provide documentation of current custody agreement and contact information for all parents(s)/guardians(s). Attach additional sheets as necessary.)

School District Currently Residing In: \_\_\_\_\_

*Families residing in the school districts of Waukesha, Pewaukee, Kettle Moraine, Hartland-Lakeside & Arrowhead (Lake Country, Merton, North Lake, Stone Bank, Richmond, Swallow) are eligible to receive transportation reimbursements from their district through Prairie Hill.*

Early Childhood Programs and/or grade schools the student has attended:

Name of Institution/Day Care	Address (City, State, Zip)	Attendance Dates	Grade(s)
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Please fill in as much of the information below as possible. This is an important part of our admissions process and provides information we need to better understand your student. Print N/A where not applicable.

Name of principal or guidance counselor at last school attended: \_\_\_\_\_

Subjects enjoyed most: \_\_\_\_\_

Subjects enjoyed least: \_\_\_\_\_

School activities (clubs, teams, orchestra etc.): \_\_\_\_\_

Activities outside of school (hobbies, lessons, community service, etc.): \_\_\_\_\_

What is the child's primary language? \_\_\_\_\_ Other languages spoken: \_\_\_\_\_

What languages do the parents speak? \_\_\_\_\_

Musical instruments played, if any: \_\_\_\_\_

What do you consider your student's strongest aptitudes and traits of character? \_\_\_\_\_

What traits would you especially like to see strengthened? \_\_\_\_\_

Has student ever received disciplinary consequences at school or from the community?  Yes  No

If yes, please explain: \_\_\_\_\_

Names of siblings (include age, school/college/other): \_\_\_\_\_

Name of relatives and/or friends who attend(ed) Prairie Hill Waldorf School or any other Waldorf school: \_\_\_\_\_

### Special Considerations

Does your child have an Independent Educational Plan (I. E. P.)?  Yes  No

Note below (or separately) any physical disabilities, academic and/or emotional challenges or conditions for which student has received or is receiving treatment: \_\_\_\_\_

Please list any medications your child takes to treat these conditions: \_\_\_\_\_

Do we have your permission to consult with the appropriate resource(s) for evaluations concerning the above challenges or conditions?

Yes  No Parent/Guardian Signature \_\_\_\_\_

Name, address and phone number(s) of resources for evaluations: (Copies of evaluations for any testing should be included with this application)

*The information below will be kept confidential and only be shared with the Faculty. Events in a child's early years can have both subtle and profound effects on their later life. While some of the following questions may not seem to apply to your child's current situation, they are designed to bring parents and teachers together in forming the broadest possible picture of your child's development and daily life.*

Was your child adopted?  Yes  No If yes, at what age? \_\_\_\_\_ Does your child know?  Yes  No

At what age did your child begin to crawl? \_\_\_\_\_ Walk? \_\_\_\_\_ Speak? \_\_\_\_\_

At what age was your child completed with toilet training? \_\_\_\_\_

Describe language development: \_\_\_\_\_

Please describe your child's kindergarten experience: \_\_\_\_\_

Have you moved during your child's life?  Yes  No How many times and at what ages of your child? \_\_\_\_\_

Have there been other significant caregivers of your child besides the parents since birth, i.e., grandparents, daycare?  Yes  No If yes, please describe, i.e., age, hours per week, child's experience: \_\_\_\_\_

Was there any early psychological or physical trauma that your child has experienced?  Yes  No If yes, please describe: \_\_\_\_\_

Please specify any dietary restrictions and/or sensitivities, i.e., sugar, wheat, meat, dairy: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Major Injuries: \_\_\_\_\_

Surgeries: \_\_\_\_\_

Please indicate any relevant medical history: \_\_\_\_\_

Does your child have any special needs?  Yes  No If yes, please explain: \_\_\_\_\_

Does your child have any fears?  Yes  No If yes, please explain: \_\_\_\_\_

How active would you consider your child:  Active  Moderate  Less Active

When does your child wake up on Weekdays? \_\_\_\_\_ Weekends? \_\_\_\_\_

How does your child wake up (fussy, cheerful, dreamy)? \_\_\_\_\_

What is your child's bedtime on Weeknights? \_\_\_\_\_ Weekends? \_\_\_\_\_

What, if any, are your child's bedtime rituals? \_\_\_\_\_

Does your child have any trouble falling or staying asleep? \_\_\_\_\_

Does your child have a history of recurring dreams or nightmares?  Yes  No If yes, please explain: \_\_\_\_\_

Does your child wet the bed?  Yes  No If yes, under what circumstances? \_\_\_\_\_

What does your child eat for breakfast? \_\_\_\_\_

Describe your child's diet and eating habits (picky, eager): \_\_\_\_\_

Which meals do you share as a family? \_\_\_\_\_

What time are meals? \_\_\_\_\_

Please describe your child's rhythm or routine, i.e., meals, baths, story time, bedtime: \_\_\_\_\_

Does your child have any regular chores?  Yes  No If yes, what are they and how often? \_\_\_\_\_

For what kinds of behavior do you most often discipline your child? \_\_\_\_\_

How do you handle these behaviors? \_\_\_\_\_

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

What activities does your family do for fun and recreation? \_\_\_\_\_

Does your child participate in any organized physical activities, sports, lessons or classes?  Yes  No Please describe: \_\_\_\_\_

Please indicate and describe if your child does any of the following often; sing, draw/paint (describe any regular themes): \_\_\_\_\_

What kinds of play/games does your child most enjoy? \_\_\_\_\_

What is your child's least favorite activity? \_\_\_\_\_

Please describe your child's outdoor play environment: \_\_\_\_\_

Does your family/child have pets?  Yes  No If yes, what kind and relationship to pet(s): \_\_\_\_\_

What kinds of music do you and your child listen to? \_\_\_\_\_

Average hours per week of screen time: \_\_\_\_\_

Does your child play video games?  Yes  No If yes, what types of games? \_\_\_\_\_

How many hours per week? \_\_\_\_\_

If age-appropriate alternatives were suggested, would you have any difficulty limiting screen time for your child?  Yes  No

Please explain: \_\_\_\_\_

Does your family celebrate any special holidays or festivals that you would like us to acknowledge and honor in the class? \_\_\_\_\_

What do you hope Prairie Hill will give to your child? \_\_\_\_\_

How did you learn about Prairie Hill Waldorf School? \_\_\_\_\_

Referred by, please name \_\_\_\_\_

Are you a Prairie Hill Alum?  Yes  No

What is your familiarity with Waldorf Education? \_\_\_\_\_

What questions do you have regarding the curriculum at Prairie Hill Waldorf School? \_\_\_\_\_

All the information included in this application is true to the best of my knowledge. **We require the signatures of both parents below:**

Signature

Date

Signature

Date

Misrepresenting or falsifying information may impact your student's placement at Prairie Hill Waldorf School

Thank you for your interest in Prairie Hill Waldorf School. We look forward to serving you and your child.



**Engaging Minds Opening Hearts Inspiring Confidence**

*We respect and value a diverse community, welcoming everyone regardless of gender, race, religion, family structure, socioeconomic level, culture, age, sexual orientation, language and learning style.*