



Application

FOR SCHOOL YEAR
2017-2018

DATE OF PROPOSED ENTRANCE

TODAY'S DATE

PARENT-TODDLER

PRESCHOOL

 3-Day 4-Day 5-day

KINDERGARTEN

 4-Day 5-Day

GRADE

 One Two Three Four Five

STUDENT'S LAST NAME	FIRST NAME	MI	DATE OF BIRTH	GENDER <input type="checkbox"/> M <input type="checkbox"/> F
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PARENT OR GUARDIAN ONE

LAST NAME	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	
FIRST NAME		
ADDRESS		
CITY	STATE	ZIP
HOME PHONE ()	BEST NUMBER <input type="checkbox"/>	
CELL PHONE ()	BEST NUMBER <input type="checkbox"/>	
EMAIL		
WORK PHONE ()		
EMPLOYER		
POSITION		
CHILD LIVES WITH: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other		

PARENT OR GUARDIAN TWO

LAST NAME	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	
FIRST NAME		
ADDRESS		
CITY	STATE	ZIP
HOME PHONE ()	BEST NUMBER <input type="checkbox"/>	
CELL PHONE ()	BEST NUMBER <input type="checkbox"/>	
EMAIL		
WORK PHONE ()		
EMPLOYER		
POSITION		
PARENTS ARE: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Other		

If the parents are living separately, please provide us with the following information - WHO:

HAS LEGAL CUSTODY OF THIS CHILD?	IS FINANCIALLY RESPONSIBLE FOR THIS CHILD?	SHOULD RECEIVE ADMISSION CORRESPONDENCE?

Student's ethnic origin (optional)

African American
 American Indian/Alaskan Native
 Caucasian
 Asian American
 Latino/Hispanic American
 Other _____

COUNTRY OF BIRTH (if other than US)	CITIZENSHIP	ARE THERE ANY SECOND LANGUAGES SPOKEN IN THE HOME? IF "YES", WHICH?

Tacoma Waldorf School does not discriminate on the basis of nationality or ethnic origin, economic status, religion, or gender in its admission process or in the conduct of its educational programs.

Continued ...

Please provide the following information on all siblings:

NAME	GENDER	DATE OF BIRTH	PRESENT SCHOOL	GRADE

Please list any relatives who are attending or have attended Tacoma Waldorf School:

NAME	DATE OF ATTENDANCE	RELATIONSHIP TO APPLICANT

Previous/current schools attended by applicant:

NAME	LOCATION	DATE OF ATTENDANCE

How did you learn of Tacoma Waldorf School? (Please check all that apply).

- TWS Family
 TWS Website
 Open House
 Advertisement
 Newspaper
 Farmers Market
 Yellow Pages
 Community Event
 Word of Mouth
 Mailing
 Parent Map
 Other - please specify: _____

PLEASE WRITE THE TWS FAMILY'S NAME WHO YOU WERE REFERRED BY:

Please check here if you intend to apply for Tuition Adjustment Program (TAP)

Please check here if you intend to sign-up for our Aftercare Program:

Approximately how many days _____ / hours? _____

A non-refundable fee of \$50 must accompany this application to be considered for enrollment in pre-school through grades programs.

Session tuition must accompany this application for Toddler-Parent Classes.

The undersigned affirms that the information furnished on this application, together with all other information and materials received by TWS from any required source, is true to the best of my knowledge and will be completely confidential to the extent permitted by law.

PARENT/LEGAL GUARDIAN SIGNATURE	DATE
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