

# DAVIS WALDORF SCHOOL

3100 Sycamore Lane • Davis, CA 95616 • (530) 753-1651

**APPLICATION FOR GRADE \_\_\_\_\_ FOR SCHOOL YEAR \_\_\_\_\_**

*Please complete application, attach a recent photo of your child and submit with a \$50 application fee.*

Child's Full Name: \_\_\_\_\_

Name or nickname child prefers: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Primary Language \_\_\_\_\_ English \_\_\_\_\_ Bilingual \_\_\_\_\_ Non English Speaker Gender \_\_\_\_\_

Preferred Start Date \_\_\_\_\_ or \_\_\_\_\_ ASAP

## PARENT/GUARDIAN INFORMATION

Are you a current parent at Davis Waldorf? \_\_\_\_\_ Have you been on a tour of the school? \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

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

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

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

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

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

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

Phone (Home) \_\_\_\_\_

Phone (Home): \_\_\_\_\_

Phone (Work): \_\_\_\_\_

Phone (Work): \_\_\_\_\_

Phone (Cell) \_\_\_\_\_

Phone (Cell): \_\_\_\_\_

Email Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

## MOST RECENT SCHOOL

Present Grade: \_\_\_\_\_ Present School: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

School phone number or teacher contact number: \_\_\_\_\_

*I give permission to the Davis Waldorf School to speak with my child's previous teacher*

Signed: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Date: \_\_\_\_\_



## HEALTH INFORMATION

1. Please describe your child's present health: \_\_\_\_\_  
\_\_\_\_\_
2. Can your child participate in all routine physical activities? Yes / No If no, please describe any physical challenges:  
\_\_\_\_\_
3. Please list any food, drug, or environmental allergies: \_\_\_\_\_  
\_\_\_\_\_
4. Please list any current medications, supplements, and/or treatments, and why prescribed: \_\_\_\_\_  
\_\_\_\_\_
5. Please describe any medical conditions or physical issues your child has (e.g. vision, hearing, speech, movement, sensory integration, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Please list the approximate date of your child's most recent:
- |   |  |
|---|--|
| Medical check-up: _____                 | Dental check-up: _____                       |
| Immunizations: _____                    | When did child lose first their tooth? _____ |
| Vision check-up: _____                  | Hearing check-up: _____                      |
| Does child require eyeglasses? Yes / No | Does child require hearing aid? Yes / No     |
7. Has your child had (or been recommended to have) educational testing, evaluation, or assessment?  
Yes / No If yes, please include a copy of the report or why it was not completed.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## FAMILY LIFE AND EMOTIONAL DEVELOPMENT

1. With whom does the student live? Please describe your child's living arrangement:

---

---

1. Please describe your child's daily chores:

---

---

2. Please describe your child's daily routine, including times, for meals and bedtime:

---

---

---

3. Please list sisters and brothers (name, age, grade in school, name of school):

---

4. Please describe your child's relationship with his/her sibling(s):

---

---

5. Please describe how you discipline your child at home.

---

---

---

7. Has your child had any emotional difficulties? Yes/ No If yes, please describe: \_\_\_\_\_

---

8. Average daily hours of TV: \_\_\_\_\_ DVDs: \_\_\_\_\_ Radio: \_\_\_\_\_ Computer \_\_\_\_\_ Other Electronics\* \_\_\_\_\_

Hours of weekend TV: \_\_\_\_\_ DVDs: \_\_\_\_\_ Radio: \_\_\_\_\_ Computer \_\_\_\_\_ Other Electronics\* \_\_\_\_\_

\* Cell Phone, ipod, video games, etc.

# APPLICATION

1. Please give your reasons for applying to the Davis Waldorf School. What are your hopes and expectations for your child's educational experience?

---

---

---

2. How long do you plan on having your child attend Davis Waldorf School?

Through Pre-K K 1 2 3 4 5 6 7 8 (please circle)

3. What is your familiarity with Waldorf education? \_\_\_\_\_

---

4. How did you hear about the Davis Waldorf School? \_\_\_\_\_

Were you referred by a parent? If so, what is their name? \_\_\_\_\_

5. What is it about Waldorf education and curriculum that you value most? \_\_\_\_\_

---

6. Do you have any concerns about the Waldorf methodology? \_\_\_\_\_

---

7. Please list any questions you may have for the teacher: \_\_\_\_\_

---

---

8. Is there a custody arrangement or court order in force regarding this child? \_\_\_Yes \_\_\_ No

9. Is the child a US citizen? \_\_\_Yes \_\_\_ No

10. Please list who will sign the enrollment agreement and be responsible for payment of tuition and other fees:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

*//We understand that all financial arrangements for tuition payments will be made through the administrative office, and that the \$50.00 application fee is non-refundable. All custodial parents must sign this application.*

Signature of parent: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent: \_\_\_\_\_ Date: \_\_\_\_\_

"The Davis Waldorf School admits students, welcomes families and does not discriminate on the basis of any race, color, religion, familial status, sexual orientation, physical or mental disability, pregnancy, national origin, ancestry, and gender identity to all the rights, privileges, programs and activities generally accorded or made available to students and their families in the school.

**Confidential Student Evaluation Form**  
 For Students Applying to Kindergarten and First Grade



**Davis Waldorf School**  
 Inspired Learning for the Whole Child

**To the teacher:** \_\_\_\_\_ (Child's name) has applied to the Davis Waldorf School for the upcoming school year. Your comments will help us in our consideration of this child for our school. We sincerely appreciate your cooperation and assure you that this information will be held in confidence. Please return to Davis Waldorf School, 3100 Sycamore Lane, Davis CA 95616 or [enrollment@daviswaldorf.org](mailto:enrollment@daviswaldorf.org)

**To the parent/guardian:** Print your child's name above and read and sign the statement below. Give this form to the child's teacher(s) with a stamped envelope addressed to Davis Waldorf School.

*For the child named above, I give permission for you to release the information on this form to the school listed above. I understand that I will not have access to this confidential information.*

Name of child's parent/guardian (please print) \_\_\_\_\_ Date \_\_\_\_\_

Signature of child's parent/guardian \_\_\_\_\_

How long have you known this child? \_\_\_\_\_ In what class is this child currently enrolled? \_\_\_\_\_

How many days per week? \_\_\_\_\_ Hours per day? \_\_\_\_\_ Number of students in the class? \_\_\_\_\_

	Strong	Age-appropriate	Emerging	Not Yet Evident	Comments
<b>SELF SUFFICIENCY</b>					
Puts on own coat, zip/buttons and ties shoes					
eats in a tidy way					
cares for self and belongings					
seeks adult help when necessary					
fully toilet-trained					
tries to solve problems creatively					
cope with frustration					
<b>ATTENTION</b>					
focus on self-initiated activity					
focus on teacher-directed activity					
listens to a verbal story					
initiates self-directed play					
<b>COMMUNICATION / SOCIAL SKILLS</b>					
expresses needs to adults					
uses four- to six-word sentences					
respectful of others					
cooperative					
follows teacher's directions					
shows caring for others					

	Strong	Age-appropriate	Emerging	Not Yet Evident	Comments
can take turns and share					
can play independently					
able to play imaginatively					
able to delay gratification					
able to resolve conflicts					
able to transition with the group					
shows creativity and inventiveness					
able to sustain play					
uses materials purposefully/respectfully					
capacity to form friendships					
is eager and curious					
is flexible with change					
is self-confident					
relates to recent experiences					
follows rules					
<b>LARGE MOVEMENT ABILITY</b>					
aware of self in space					
walks a balance beam					
crosses monkey bars					
pumps a swing					
follows large movements in circle					
<b>ABILITY IN FINE MOVEMENT</b>					
forms in drawing are					
modeling skills are					
able to do finger plays					
hand-position with crayon/paintbrush					

Would you recommend any assessments for the future? \_\_\_\_\_

Please describe parents' relationship with faculty/administration \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Check here if any information pertaining to this student/family would be better communicated by phone. Please feel free to add further narrative on additional page(s) if desired.

Your name (please print) \_\_\_\_\_

Position \_\_\_\_\_

School \_\_\_\_\_

Phone \_\_\_\_\_

Your signature \_\_\_\_\_

Date \_\_\_\_\_

# Davis Waldorf School

3100 Sycamore Lane, Davis, CA 95616

## Confidential Student Evaluation Form for Grades

Child's name \_\_\_\_\_ Date of birth \_\_\_\_\_ Applying to grade \_\_\_\_\_  
last first month/date/year

**To the parent/guardian:** Print the above information and read and sign the statement below. Give this form to the child's teacher(s) with a stamped envelope addressed to the school listed above.

*For the child named above, I give permission for you to release the information on this form to the school listed above. I understand that I will not have access to this confidential information.*

Name of child's parent/guardian (please print) \_\_\_\_\_ Date \_\_\_\_\_

Signature of child's parent/guardian \_\_\_\_\_

To the teacher: We sincerely appreciate your cooperation in helping to evaluate this applicant and assure you that this information will be held in confidence. Please be sure the parent has signed above.

*PLEASE CHECK APPROPRIATE BOXES:*

- |                                     |  |   |  |  |
|-------------------------------------|--|---|--|--|
| Academic potential                  | <input type="checkbox"/> limited                         | <input type="checkbox"/> fair                     | <input type="checkbox"/> good                    | <input type="checkbox"/> outstanding             |
| Academic achievement                | <input type="checkbox"/> considerably below expectations | <input type="checkbox"/> as expected              | <input type="checkbox"/> better than tests       | <input type="checkbox"/> far above expectations  |
| Effort/motivation                   | <input type="checkbox"/> limited                         | <input type="checkbox"/> sporadic                 | <input type="checkbox"/> usually good            | <input type="checkbox"/> maximum                 |
| Study habits                        | <input type="checkbox"/> poor                            | <input type="checkbox"/> fair                     | <input type="checkbox"/> good                    | <input type="checkbox"/> excellent               |
| Ability to work in groups           | <input type="checkbox"/> has great difficulty            | <input type="checkbox"/> sometimes has difficulty | <input type="checkbox"/> usually effective       | <input type="checkbox"/> always works well       |
| Ability to work alone               | <input type="checkbox"/> needs much help                 | <input type="checkbox"/> needs help frequently    | <input type="checkbox"/> needs help occasionally | <input type="checkbox"/> always works well       |
| Curiosity                           | <input type="checkbox"/> little                          | <input type="checkbox"/> occasional               | <input type="checkbox"/> consistent              | <input type="checkbox"/> marked                  |
| Ability to express ideas orally     | <input type="checkbox"/> limited                         | <input type="checkbox"/> has some difficulty      | <input type="checkbox"/> good                    | <input type="checkbox"/> exceptional             |
| Ability to express ideas in writing | <input type="checkbox"/> limited                         | <input type="checkbox"/> has some difficulty      | <input type="checkbox"/> good                    | <input type="checkbox"/> exceptional             |
| Imagination                         | <input type="checkbox"/> little                          | <input type="checkbox"/> fair                     | <input type="checkbox"/> active                  | <input type="checkbox"/> highly developed        |
| Use of time                         | <input type="checkbox"/> uses poorly                     | <input type="checkbox"/> occasionally wastes      | <input type="checkbox"/> usually uses well       | <input type="checkbox"/> always uses effectively |
| Follows directions                  | <input type="checkbox"/> rarely                          | <input type="checkbox"/> needs much explanation   | <input type="checkbox"/> occasionally needs help | <input type="checkbox"/> quickly and effectively |
| Seeks help when needed              | <input type="checkbox"/> rarely                          | <input type="checkbox"/> occasionally             | <input type="checkbox"/> usually                 | <input type="checkbox"/> always                  |
| Attention span                      | <input type="checkbox"/> easily distracted               | <input type="checkbox"/> occasionally distracted  | <input type="checkbox"/> usually good            | <input type="checkbox"/> exceptionally good      |



- |                                |  |  |   |  |
|--------------------------------|--|--|---|--|
| Maturity in terms of age/grade | <input type="checkbox"/> very immature           | <input type="checkbox"/> somewhat immature               | <input type="checkbox"/> mature                                 | <input type="checkbox"/> impressive          |
| Respect for others             | <input type="checkbox"/> disrespectful           | <input type="checkbox"/> usually respectful              | <input type="checkbox"/> respectful                             | <input type="checkbox"/> highly respectful   |
| Social interactions with peers | <input type="checkbox"/> relates poorly          | <input type="checkbox"/> has occasional problems         | <input type="checkbox"/> healthy relationships                  | <input type="checkbox"/> extremely popular   |
| Reaction to criticism          | <input type="checkbox"/> poor                    | <input type="checkbox"/> fair                            | <input type="checkbox"/> good                                   | <input type="checkbox"/> excellent           |
| Leadership potential           | <input type="checkbox"/> a follower              | <input type="checkbox"/> leads when given responsibility | <input type="checkbox"/> seeks opportunities and uses them well | <input type="checkbox"/> a natural leader    |
| Initiative                     | <input type="checkbox"/> never initiates         | <input type="checkbox"/> rarely shows initiative         | <input type="checkbox"/> occasionally initiates                 | <input type="checkbox"/> often initiates     |
| Classroom conduct              | <input type="checkbox"/> frequent disruptions    | <input type="checkbox"/> occasional misconduct           | <input type="checkbox"/> usually good behavior                  | <input type="checkbox"/> good conduct        |
| Sense of humor                 | <input type="checkbox"/> rarely laughs or smiles | <input type="checkbox"/> fair                            | <input type="checkbox"/> good                                   | <input type="checkbox"/> delightful          |
| Self confidence                | <input type="checkbox"/> needs much reassurance  | <input type="checkbox"/> needs some support              | <input type="checkbox"/> appears overly confident               | <input type="checkbox"/> positive self-image |

Please describe the family's relationship with the faculty and administration.

---



---



---

*SPECIFIC RECOMMENDATION:*

- Highly recommended     
  Recommended     
  Recommended with reservations (*please explain below*)  
 Prefer not to make a recommendation (*please explain below*)     
  Not recommended

---



---



---

- Check here if any information pertaining to this student/family would be better communicated by phone. Please feel free to add further narrative on additional page(s) if desired.

Your name (please print) \_\_\_\_\_ Position \_\_\_\_\_  
 Subject(s) you taught applicant \_\_\_\_\_ I have known the applicant for \_\_\_\_\_  
 School \_\_\_\_\_ Phone \_\_\_\_\_  
 Your signature \_\_\_\_\_ Date \_\_\_\_\_