

APPLICATION FOR ADMISSION



THE WALDORF SCHOOL OF GARDEN CITY

Admissions Director
Cambridge Avenue, Garden City, New York 11530
Tel: 516.742.3434 Fax: 516.742.3457
www.waldorfgarden.org

Please answer all applicable questions

Applicant's full name _____ Birth date _____

Applicant's address _____

Citizenship? _____ SS# _____

School District Name and/or Number _____

Applying for grade _____ for the academic year _____ Place of birth _____

Current grade level _____ applicant is a: Boy Girl Applicant likes to be called _____

Schools applicant has attended

School	Address (city, state, zip)	Dates	Grade(s)
_____	_____	_____	_____
_____	_____	_____	_____

Name of principal or guidance counselor at last school attended _____

Subjects enjoyed most _____

Subjects enjoyed least _____

School activities (clubs, teams, orchestra, etc.) _____

Activities outside school (hobbies, scouting, music, etc.) _____

What do you consider applicant's strongest aptitudes and traits of character?

What traits would you especially like to see strengthened?

Other children in applicant's family (Name, age, school/college/other)

How did you hear about The Waldorf School of Garden City?

Special considerations

Note below (or separately) any physical disabilities, academic and/or emotional challenges for which the applicant has been under treatment

Will the results of special treatment, tests and/or instruction be made available to us? Yes No

Name of relatives and/or friends who attend(ed) The Waldorf School of Garden City:

Name _____ Year _____ Relationship _____

Name _____ Year _____ Relationship _____

Applicant's parent/guardian

Name _____ SS# _____

Home Address _____ Home Telephone () _____

City _____ State _____ Zip _____ Cell Phone () _____

Occupation _____ Employer _____

Business Address _____ Business Telephone () _____

Applicant's parent/guardian

Name _____ SS# _____

Home Address _____ Home Telephone () _____

City _____ State _____ Zip _____ Cell Phone () _____

Occupation _____ Employer _____

Business Address _____ Business Telephone () _____

Please check all that apply

Applicant lives with: Both parents Mother Father Stepmother Stepfather

Parents Separated Parents Divorced Mother Deceased Father Deceased

To whom should all correspondence, bills and notices be sent?

Name _____

Relationship to applicant _____

Home Address _____

City _____ State _____ Zip _____ Home Telephone () _____