



Student Applicant Information

Name _____ Gender _____
First Middle Last

Birth date _____ Proposed Date of Entrance _____

School currently attending _____

Parent/Guardian Information

Name _____
First Middle Last

Relationship to Applicant _____ Gender _____

Address _____
City State & Zip

Phone *Home* _____ *Work* _____ *Mobile* _____

Email _____

Employer _____

Name _____
First Middle Last

Relationship to Applicant _____ Gender _____

Address _____
City State & Zip

Phone *Home* _____ *Work* _____ *Mobile* _____

Email _____

Employer _____

Names of Brothers/Sisters	Birth date	School presently attending
_____	_____	_____
_____	_____	_____
_____	_____	_____

With whom does the child live? (*Please give name and relationship to the student of all adults in the household*)

Student Applicant Educational Information

Why are you considering Waldorf Education for your child at this time? _____

What would you like your child to receive from his/her experience at Whatcom Hills Waldorf School? _____

How would you describe your child in regard to their interests, personality, hobbies, likes, dislikes, favorite activities, toys, sports programs, etc.? _____

What role does electronic entertainment (TV, video games, movies, computer use, etc.) play in your child's life?

Does your child have any health concerns the school should be aware of? *(Include any allergies: environmental, dietary, animal, plant, bee stings, etc.)* _____

Therapies *(physical or psychological)* _____

Medications _____

Is your family settled in the Bellingham/Whatcom County area? If not, are you planning to be?

How did you learn about Whatcom Hills Waldorf School? _____

Signature of Parent/Guardian

Date

I want to apply for Tuition reduction. Please send me application information.

**Please return this form with a \$50 (\$35 for siblings) non-refundable application fee to:
Whatcom Hills Waldorf School, 941 Austin St., Bellingham, WA 98229 (360) 733-3164**