

**Application for Enrollment
Tamarack Waldorf School**

1150 E. Brady Street, Milwaukee WI 53202 (414) 277-0009 / fax (414) 277-7799

A non-refundable application fee of \$50 must accompany this application
(except for Milwaukee Parental Choice Program students).
Please include a student and a family photograph

Child's Name (last, first) _____ Birth Date _____ Sex _____

Anticipated Start Date (Month/Year) _____

Applying for Grade: (circle one): **EC** (Early Childhood/PreK), **K4**, **K5**, **1st**, **2nd**, **3rd**, **4th**, **5th**, **6th**, **7th**, **8th**

For K/EC Programs: (circle): 2 AMs (EC only), 2 Full Days (EC only) 3 AMs, 5 AMs, 3 Full Days, 5 Full Days

School currently attending _____ School Phone _____

School Address (copies of records will be requested before an interview) _____

Please list names and ages of other children in the family

Birth Date

___/___/___
___/___/___
___/___/___

Applicant lives with the following adult(s): _____

Custody Placement _____

Parent/Guardian _____ Parent/Guardian _____

Relationship to child _____ Relationship to child _____

Address _____ Address _____

City, Zip _____ City, Zip _____

Please indicate best time and phone to reach you if you are difficult to reach.

Home phone _____ Home phone _____

Cell/Pager _____ Cell/Pager _____

Business phone _____ Business phone _____

Employed by _____ Employed by _____

Occupation _____ Occupation _____

e-mail _____ e-mail _____

For Office Use: Date Rec'd _____ \$50 _____ Choice Appl. _____ Proof of Income for MPCP _____

Who is financially responsible for school expenses for this student? Mom Dad Other

I/We will pay full tuition apply for tuition reduction receive funding through School Choice

Use additional paper as needed to answer any questions. **Attach a copy of recent report card** for applicants to K5 to 8th grade.

- 1) Do you foresee any particular difficulties in your child's transition to school?
- 2) Has your child ever received or been recommended for any specific therapy treatments? yes no If yes, explain.
- 3) Has your child been diagnosed with any physical, developmental or behavioral disorder? yes no If yes, explain.
- 4) Does your child have an IEP (Individual Education Plan)? yes no If yes, explain. (Attach copy of IEP)
- 5) Accounting for age variations in maturity, check any of the following that you consider to be a significant problem for your child at the present time: fidgets difficulty remaining seated easily distracted
difficulty awaiting turn often blurts out answers to questions before they have been completed
difficulty following instructions difficulty sustaining attention shifts from one activity to another
difficulty playing quietly often talks excessively often interrupts or intrudes on others
often loses things often engages in physically dangerous activities often does not listen
- 6) What are you hoping to find in Waldorf education for your child?
- 7) Do you foresee needing Beforecare? On a regular basis (please give expected schedule) On a drop-in basis
- 8) Do you foresee needing Aftercare? On a regular basis (please give expected schedule) On a drop-in basis
- 9) How did you learn about Tamarack Waldorf School? Please be as specific as possible i.e. name of newspaper, person, etc.
- 10) What Tamarack events have you attended? *(Please check all that apply)*

Personal Tour
 Information Evening Joy of Learning/Playgroup Open House
 Classroom Observation Holiday Fair Other _____

To the best of my knowledge this is an accurate picture of my child.

Parent's Signature

Date

Photographs
Included

\$50 (if applicable)
Included

*Tamarack Waldorf School welcomes people of all races, religions, national origin
and sexual orientation to join our school community.*