

application for admission

Rudolf Steiner School

The First Waldorf School in North America
15 East 79th Street, New York, NY 10021 Tel 212-535-2130
Admissions 212-327-1457



Applicant information

Applicant's full name	Usually called	
Applying for grade	for the academic year	Date of birth
Has applicant applied to Rudolf Steiner previously? <input type="checkbox"/> Yes (Year _____) <input type="checkbox"/> No		Candidate is <input type="checkbox"/> Boy <input type="checkbox"/> Girl
Does applicant have foreign language training? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which language(s)?		

School information

Present school	Address (city, state, zip)	School phone	Dates and Grades
_____	_____	_____	_____
_____	_____	_____	_____
Schools previously attended			

Parent information

Name	List title(s) for our correspondence (Mr., Ms., Mrs., Dr., etc.)		
Home address	City	State	Zip
Home telephone ()	Cell phone ()	E-mail	
Occupation	Title or position	Employer	
Business address	Business phone ()		
College(s) attended	Degrees		
Other education	Degrees		

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Other parent information

Applicant's natural parents are now (please check all that apply)

Married Separated Divorced Divorced and remarried Mother deceased Father deceased Single parent

With whom does applicant live?

Both parents Mother Father Father and stepparent Mother and stepparent Legal guardian(s)

Other

Is there anyone at home who shares responsibility for the child? Yes No

Name of caregiver	Relationship to applicant
_____	_____

continued

Other children in candidate's family

Name	Age	School attending	Grade	Applying to Rudolf Steiner?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

To whom should all bills be sent?

Name(s) _____

Relationship to applicant _____

Address _____ City _____ State _____ Zip _____

Who is financially responsible for all school expenses? _____

Are you requesting financial aid? Yes No

Through what source did you hear of the Rudolf Steiner School?

Is either parent an alumnus/alumna of the Rudolf Steiner School? Yes No If yes, please list name and grades attended

Name and relationship of relative(s) and/or friend(s) who attended the Rudolf Steiner School

Any additional comments are welcome.

Signature of parent or guardian _____

Date _____

The School reserves the right to cease accepting applications at any time for any grade level if the number of applicants exceeds the number the School is able to process.

Please return to the Admissions Office the application, along with the parent statement, with a non-refundable fee of \$55 (payable to the Rudolf Steiner School).

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Parent Statement

As part of our application process, we offer you this form to express your interest in the Rudolf Steiner School and your reasons for your child's application. Feel free to include any information which will help complete our picture of your child. Please attach a photo of your child (optional).