

# twos plus 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 <input type="checkbox"/> the fall session <input type="checkbox"/> the winter session for the academic year	Date of birth
I would prefer <input type="checkbox"/> Tuesday <input type="checkbox"/> Thursday <input type="checkbox"/> I have no preference	
Parent attending the program	
Does applicant speak foreign language(s)? If yes, which language(s)?	

### 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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College(s) attended	Degrees		
Other education	Degrees		

### 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
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*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? \_\_\_\_\_

**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 \$40 (payable to the Rudolf Steiner School).**