



## Application for Early Childhood Education Admission

Date of Application \_\_\_\_\_

**My child is applying for:**

- Immediate enrollment     Fall enrollment     Spring enrollment    School year \_\_\_\_\_  
 5 -day     3-day     Kindergarten-Child five years old by June 1  
 I will need after-school care for my child     12:30-3:00     3:00-5:30

**Family Information**

**Child's Full Name** \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Preferred Name \_\_\_\_\_

**Parent/Guardian** \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email \_\_\_\_\_ Business phone \_\_\_\_\_

**Parent/Guardian** \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home address \_\_\_\_\_

(If different from above)

City, State, Zip \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email \_\_\_\_\_ Business phone \_\_\_\_\_

Person(s) accepting responsibility for financial obligations \_\_\_\_\_

If not living with both parents, with whom does the student live? \_\_\_\_\_

Please list the names of siblings including their birthday and others living at home with your child: (name, age, school/grade, other relationship)

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**Child's Current and Previous Daycare/School Experience**

Name of current school/daycare	City/State	Dates Attended	Reasons for leaving
Name of previous school/daycare	City/State	Dates Attended	Reasons for Leaving

**Other Information** (please use additional space on back of application form if needed):

Child's Activities (hobbies, sports, other) \_\_\_\_\_

What language(s) is/are spoken at home? \_\_\_\_\_

What kind of experience do you hope to have at Linden Waldorf School? \_\_\_\_\_

Why do you want a Waldorf education for your child? \_\_\_\_\_

Describe your child's indoor and outdoor play environments. \_\_\_\_\_

What role does media (TV, movies, videos, computer games, etc) play in your family life? In total, how many hours a day does your child spend on these activities? \_\_\_\_\_

If age-appropriate alternatives were suggested, would you be willing to make changes in the way your child relates to media? \_\_\_\_\_

What do you and your child listen to at home or in the car? \_\_\_\_\_

Share with us any other information you feel we should know about your child or your family situation. This information will be held in confidence. \_\_\_\_\_

**Special Considerations:** (please use additional space on back of application form if needed)

Does your child have any physical, emotional, or academic issues that his/her teachers should be aware of? Please include learning issues, speech problems, developmental delays, etc. List any previous and current therapies. (This information is requested for the sole purpose of determining whether the school can provide the applicant with an appropriate education and will not be considered in determining whether her/she is otherwise qualified for admission.) \_\_\_\_\_

Please list any allergies your child has. \_\_\_\_\_

**Linden Waldorf School Information**

How did you become interested in Linden Waldorf School? (Check all that apply)

- Current LWS Family                      Name: \_\_\_\_\_
- Other Waldorf School                      Name: \_\_\_\_\_
- Private School Fair                      Location: \_\_\_\_\_
- Internet                                      Site: \_\_\_\_\_
- Word of Mouth                              Specify: \_\_\_\_\_
- Ad    Publication: \_\_\_\_\_
- Elves' Faire                                Year: \_\_\_\_\_
- Other                                        Specify: \_\_\_\_\_

Have you attended an Open House or Visitor Morning at the school? \_\_\_\_\_

Have you read about Waldorf education and/or attended lectures or workshops? \_\_\_\_\_

If you are acquainted with alumni or families in our school, please list: \_\_\_\_\_

Would you like to receive information about tuition assistance?  Yes  No

Linden Waldorf School is a community school and parents are expected to join us in the adventure of education. If your child were to be admitted to the school, in what ways would you be interested in participating? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Please enclose a non-refundable application fee of \$100 and a recent photograph of your child.**

*Linden Waldorf School welcomes children of all races, religions, and national origins. Linden Waldorf School does not discriminate on the basis of race, color, national and ethnic origin in the administration of its educational policies, tuition reduction and other school-administered programs.*

**Please return application to:**  
**Linden Waldorf School**  
3201 Hillsboro Pike  
Nashville, TN 37215  
Web: [www.lindenwaldorf.org](http://www.lindenwaldorf.org)

Laura Duke, Enrollment Coordinator  
Phone: 615-354-0270 x31  
Fax: 615-354-0247  
Email: [enrollment@lindenwaldorf.org](mailto:enrollment@lindenwaldorf.org)

**Office Use Only**

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|--|---|
| <input type="checkbox"/> Date Received _____                   | <input type="checkbox"/> Application Fee Paid _____   |
| <input type="checkbox"/> Interview Date _____                  | <input type="checkbox"/> Student Interview _____      |
| <input type="checkbox"/> Visitation Days _____                 |   |
| Accepted/Not Accepted/ Withdrawn _____                         |   |
| <input type="checkbox"/> Contract Mailed _____                 | <input type="checkbox"/> Contract Returned Date _____ |
| <input type="checkbox"/> Enrollment Deposit Paid/Check # _____ |   |

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