



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)

Child's Current and Previous Daycare/School Experience

Name of current school/daycare	City/State	Dates Attended	Reasons for leaving
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Name of previous school/daycare	City/State	Dates Attended	Reasons for Leaving
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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 Corner 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.lindencorner.org

Laura Duke, Enrollment Coordinator
Phone: 615-354-0270 x31
Fax: 615-354-0247
Email: enrollment@lindencorner.org

Office Use Only

- | | |
|--|---|
| <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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