

GRADES 1-8 : 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/family photograph, and a copy of the child's birth certificate.

Child's Legal Name: Last _____ First _____ Birth Date _____

Anticipated Start Date (Month/Year) _____ Circle : Male/ Female

Applying for Grade: (circle one): 1st, 2nd, 3rd, 4th, 5th, 6th, 7th, 8th

School currently attending _____ School Phone _____

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

All previous schools attended (attach list if needed): _____

Please list names and ages of other children in the family

Birth Date

___ / ___ / ___

___ / ___ / ___

___ / ___ / ___

Applicant lives with the following adult(s): _____

Custody Placement _____

Parent/Guardian Name _____ Parent/Guardian Name _____

Relationship to child _____ Relationship to child _____

Address _____ Address _____

City, Zip _____ City, Zip _____

Please indicate best time and phone to reach you

Home phone _____ Home phone _____

Work phone _____ Work phone _____

Cell phone _____ Cell phone _____

Employed by _____ Employed by _____

Occupation _____ Occupation _____

Email _____ Email _____

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

Additional office notes:

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

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

Use additional paper as needed to answer any questions. ATTACH A COPY OF RECENT REPORT CARD.

I/we understand that Tamarack may contact my child's current/former school and teacher in reference to this application.

1) Has your child ever received or been recommended for any specific therapy treatments? yes no

If yes, briefly explain:

2) Has your child been diagnosed with any physical, developmental or behavioral disorder? yes no

If yes, briefly explain:

3) Does your child have an IEP (Individual Educ. Plan) or 504 Special Needs Plan? yes no

If yes, briefly explain: **(Attach copy of IEP or 504 plan)**

4) Has your child been recommended to have an IEP/504 Plan? yes no

If yes, briefly explain:

5) Has your child been expelled or suspended from any school during the last 12 months? yes no

6) Accounting for age variations in maturity, check any of the following that you consider to be a *significant problem* for your child : following instructions maintaining focus maintaining appropriate physical boundaries

7) What are you hoping to find in Waldorf education for your child?

8) How did you learn about Tamarack Waldorf School? Please be as specific as possible: i.e. name of newspaper, person, etc.

9) What Tamarack events have you attended? *(Please check all that apply)*

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

To the best of my knowledge this is an accurate picture of my child. I understand that withholding information may result in an extension of the probationary period, or expulsion of the student.

Parent's Signature

Date

Photographs
Included

\$50 (if applicable)
Included

Birth
certificate

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

Tamarack Waldorf School does not discriminate on the basis of race, color, creed, sexual/gender orientation, national or ethnic origin in administration of its educational policies, tuition assistance programs, athletic and other school administrated programs.