



Application for Enrollment

Today's Date _____ Date of proposed entrance _____ Grade _____

Early Childhood Program – How many days a week are you looking for? (3, 4, 5 day, other?) _____

Child's legal name _____ Male Female
(first) (middle) (last)

Child's Home Address _____
(street) (city) (state) (zip)

Date of Birth _____ Country of Birth _____ Citizenship (if other than US) _____

Student's ethnic origin (optional)

- African American Asian American Caucasian Latino/Hispanic American Middle-Eastern American
 Native American/Alaskan Native Other _____

Are there any second languages spoken in the home? Yes No - If yes, which _____

Parent/Legal Guardian _____ Relationship to child _____
(first) (middle) (last)

Address (if different) _____
(street) (city) (state) (zip)

Home Phone _____ Email _____

Business Phone _____ Cell Phone _____

Employer _____ Occupation/Title _____

Parent/Legal Guardian _____ Relationship to child _____
(first) (middle) (last)

Address (if different) _____
(street) (city) (state) (zip)

Home Phone _____ Email _____

Business Phone _____ Cell Phone _____

Employer _____ Occupation/Title _____

Parents are: Married Divorced Separated Other

If the parents are living separately, please provide us with the following information:

Who has legal custody of this child? _____

Who should receive admission correspondence? _____

Who is financially responsible for this child? _____

Current School Name _____ Phone _____ Grade _____

Please provide the following information on all siblings:

Name	Gender	Date of Birth	Present School	Grade

Please list any relatives who are attending or have attended Tacoma Waldorf School:

 Name Date of Attendance Relationship to Applicant

 Name Date of Attendance Relationship to Applicant

Previous schools attended by applicant:

 Name Location Date of Attendance

 Name Location Date of Attendance

How did you learn of Tacoma Waldorf School? (Please circle all that apply).

- TWS Family TWS Website Open House Advertisement Newspaper Farmers Market
 Yellow Pages Community Event Word of Mouth Mailing Other (please specify: _____)

Please write the TWS Family's name who you were referred by : _____

- Please check here if you intend to apply for Tuition Adjustment Program (TAP) Program _____
 Please check here if you intend to sign-up for our Aftercare Program. Approximately how many days/hours? _____

A non-refundable fee of \$50 must accompany this application to be considered for enrollment

The undersigned affirms that the information furnished on this application, together with all other information and materials received by TWS from any required source, is true to the best of my knowledge and will be completely confidential to the extent permitted by law.

Parent/Legal Guardian Signature _____ Date _____

Parent/Legal Guardian Signature _____ Date _____