

# Davis Waldorf School

3100 Sycamore Lane • Davis, CA 95616 • (530) 753-1651

## APPLICATION FOR INTERVIEW FOR GRADE \_\_\_\_\_ FOR SCHOOL YEAR \_\_\_\_\_

*Please complete application, attach a recent photo of your  
child and submit with a \$50 application fee.*

Child's Full Name: \_\_\_\_\_

Name or nickname child prefers: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Primary Language \_\_\_\_\_ English \_\_\_\_\_ Bilingual \_\_\_\_\_ Non English Speaker

Preferred Start Date \_\_\_\_\_ or \_\_\_\_\_ ASAP

### PARENT/GUARDIAN INFORMATION

Are you a current parent at Davis Waldorf? \_\_\_\_\_ Have you been on a tour of the school? \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Phone (Home) \_\_\_\_\_

Phone (Home): \_\_\_\_\_

Phone (Work): \_\_\_\_\_

Phone (Work): \_\_\_\_\_

Phone (Cell) \_\_\_\_\_

Phone (Cell): \_\_\_\_\_

Email Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

### MOST RECENT SCHOOL

Present Grade: \_\_\_\_\_ Present School: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

School phone number or teacher contact number: \_\_\_\_\_

*I give permission to the Davis Waldorf School to speak with my child's previous teacher*

Signed: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Date: \_\_\_\_\_



## HEALTH INFORMATION

1. Please describe your child's present health: \_\_\_\_\_  
\_\_\_\_\_
2. Can your child participate in all routine physical activities? Yes / No If no, please describe any physical challenges:  
\_\_\_\_\_
3. Please list any food, drug, or environmental allergies: \_\_\_\_\_  
\_\_\_\_\_
4. Please list any current medications, supplements, and/or treatments, and why prescribed: \_\_\_\_\_  
\_\_\_\_\_
5. Please describe any medical conditions or physical issues your child has (e.g. vision, hearing, speech, movement, sensory integration, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Please list the approximate date of your child's most recent:  
Medical check-up: \_\_\_\_\_ Dental check-up: \_\_\_\_\_  
Immunizations: \_\_\_\_\_ When did child lose first their tooth? \_\_\_\_\_  
Vision check-up: \_\_\_\_\_ Hearing check-up: \_\_\_\_\_  
Does child require eyeglasses? Yes / No Does child require hearing aid? Yes / No
7. Has your child had (or been recommended to have) educational testing, evaluation, or assessment?  
Yes / No If yes, please include a copy of the report or why it was not completed.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## FAMILY LIFE AND EMOTIONAL DEVELOPMENT

1. With whom does the student live? Please describe your child's living arrangement:

---

---

1. Please describe your child's daily chores:

---

---

2. Please describe your child's daily routine, including times, for meals and bedtime:

---

---

---

3. Please list sisters and brothers (name, age, grade in school, name of school):

---

4. Please describe your child's relationship with his/her sibling(s):

---

---

5. Please describe how you discipline your child at home.

---

---

---

7. Has your child had any emotional difficulties? Yes/ No If yes, please describe: \_\_\_\_\_

---

8. Average daily hours of TV: \_\_\_\_\_ DVDs: \_\_\_\_\_ Radio: \_\_\_\_\_ Computer \_\_\_\_\_ Other Electronics\* \_\_\_\_\_

Hours of weekend TV: \_\_\_\_\_ DVDs: \_\_\_\_\_ Radio: \_\_\_\_\_ Computer \_\_\_\_\_ Other Electronics\* \_\_\_\_\_

\* Cell Phone, ipod, video games, etc.

# APPLICATION

1. Please give your reasons for applying to the Davis Waldorf School. What are your hopes and expectations for your child's educational experience?

---

---

---

2. How long do you plan on having your child attend Davis Waldorf School?

Through Pre-K K 1 2 3 4 5 6 7 8 (please circle)

3. What is your familiarity with Waldorf education? \_\_\_\_\_

---

4. How did you hear about the Davis Waldorf School? \_\_\_\_\_

Were you referred by a parent? If so, what is their name? \_\_\_\_\_

5. What is it about Waldorf education and curriculum that you value most? \_\_\_\_\_

---

6. Do you have any concerns about the Waldorf methodology? \_\_\_\_\_

---

7. Please list any questions you may have for the teacher: \_\_\_\_\_

---

---

8. Is there a custody arrangement or court order in force regarding this child? \_\_\_Yes \_\_\_ No

9. Is the child a US citizen? \_\_\_Yes \_\_\_ No

10. Please list who will sign the enrollment agreement and be responsible for payment of tuition and other fees:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

*//We understand that all financial arrangements for tuition payments will be made through the administrative office, and that the \$50.00 application fee is non-refundable. All custodial parents must sign this application.*

Signature of parent: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent: \_\_\_\_\_ Date: \_\_\_\_\_

"The Davis Waldorf School admits students, welcomes families and does not discriminate on the basis of any race, color, religion, familial status, sexual orientation, physical or mental disability, pregnancy, national origin, ancestry, and gender identity to all the rights, privileges, programs and activities generally accorded or made available to students and their families in the school.

**Davis Waldorf School**  
**3100 Sycamore Lane, Davis, CA 95616**  
**Confidential Student Evaluation Form for Grade 1**

Child's name \_\_\_\_\_ Date of birth \_\_\_\_\_ Applying to grade \_\_\_\_\_  
last first month/date/year

**To the parent/guardian:** Print the above information and read and sign the statement below. Give this form to the child's teacher(s) with a stamped envelope addressed to the school listed above.

*For the child named above, I give permission for you to release the information on this form to the school listed above. I understand that I will not have access to this confidential information.*

Name of child's parent/guardian (please print) \_\_\_\_\_ Date \_\_\_\_\_

Signature of child's parent/guardian \_\_\_\_\_

**To the teacher:** We sincerely appreciate your cooperation in helping to evaluate this applicant and assure you that this information will be held in confidence. Please be sure the parent has signed above.

**PLEASE CHECK APPROPRIATE BOXES:**

**Pre-Academic Characteristics**

- |   |                                      |                                   |  |                                   |                                      |
|---|--------------------------------------|-----------------------------------|--|-----------------------------------|--------------------------------------|
| Fine Motor-coordination (lacing, puzzles, etc.) | <input type="checkbox"/> Not Evident | <input type="checkbox"/> Emerging | <input type="checkbox"/> Age Appropriate | <input type="checkbox"/> Advanced | <input type="checkbox"/> Exceptional |
| Uses appropriate pencil grip                    | <input type="checkbox"/> Not Evident | <input type="checkbox"/> Emerging | <input type="checkbox"/> Age Appropriate | <input type="checkbox"/> Advanced | <input type="checkbox"/> Exceptional |
| Works with manipulatives                        | <input type="checkbox"/> Not Evident | <input type="checkbox"/> Emerging | <input type="checkbox"/> Age Appropriate | <input type="checkbox"/> Advanced | <input type="checkbox"/> Exceptional |
| Tells story events in sequence (memory)         | <input type="checkbox"/> Not Evident | <input type="checkbox"/> Emerging | <input type="checkbox"/> Age Appropriate | <input type="checkbox"/> Advanced | <input type="checkbox"/> Exceptional |
| Sound-symbol correspondance                     | <input type="checkbox"/> Not Evident | <input type="checkbox"/> Emerging | <input type="checkbox"/> Age Appropriate | <input type="checkbox"/> Advanced | <input type="checkbox"/> Exceptional |
| Recognizes letters: upper case<br>lower case    | <input type="checkbox"/> Not Evident | <input type="checkbox"/> Emerging | <input type="checkbox"/> Age Appropriate | <input type="checkbox"/> Advanced | <input type="checkbox"/> Exceptional |
| Recognizes numerals                             | <input type="checkbox"/> Not Evident | <input type="checkbox"/> Emerging | <input type="checkbox"/> Age Appropriate | <input type="checkbox"/> Advanced | <input type="checkbox"/> Exceptional |
| Recognizes shapes                               | <input type="checkbox"/> Not Evident | <input type="checkbox"/> Emerging | <input type="checkbox"/> Age Appropriate | <input type="checkbox"/> Advanced | <input type="checkbox"/> Exceptional |
| Transitions easily                              | <input type="checkbox"/> Not Evident | <input type="checkbox"/> Emerging | <input type="checkbox"/> Age Appropriate | <input type="checkbox"/> Advanced | <input type="checkbox"/> Exceptional |
| Listens to directions                           | <input type="checkbox"/> Not Evident | <input type="checkbox"/> Emerging | <input type="checkbox"/> Age Appropriate | <input type="checkbox"/> Advanced | <input type="checkbox"/> Exceptional |

**Personal Characteristics**

- |   |                                      |                                   |  |                                   |                                      |
|---|--------------------------------------|-----------------------------------|--|-----------------------------------|--------------------------------------|
| Self help skills (clothes, bathroom, lunch) | <input type="checkbox"/> Not Evident | <input type="checkbox"/> Emerging | <input type="checkbox"/> Age Appropriate | <input type="checkbox"/> Advanced | <input type="checkbox"/> Exceptional |
| Self Motivation                             | <input type="checkbox"/> Not Evident | <input type="checkbox"/> Emerging | <input type="checkbox"/> Age Appropriate | <input type="checkbox"/> Advanced | <input type="checkbox"/> Exceptional |
| Demonstrates self-esteem                    | <input type="checkbox"/> Not Evident | <input type="checkbox"/> Emerging | <input type="checkbox"/> Age Appropriate | <input type="checkbox"/> Advanced | <input type="checkbox"/> Exceptional |
| Acceptance of limits                        | <input type="checkbox"/> Not Evident | <input type="checkbox"/> Emerging | <input type="checkbox"/> Age Appropriate | <input type="checkbox"/> Advanced | <input type="checkbox"/> Exceptional |
| Sense of humor                              | <input type="checkbox"/> Not Evident | <input type="checkbox"/> Emerging | <input type="checkbox"/> Age Appropriate | <input type="checkbox"/> Advanced | <input type="checkbox"/> Exceptional |
| Curiosity                                   | <input type="checkbox"/> Not Evident | <input type="checkbox"/> Emerging | <input type="checkbox"/> Age Appropriate | <input type="checkbox"/> Advanced | <input type="checkbox"/> Exceptional |
| Imagination                                 | <input type="checkbox"/> Not Evident | <input type="checkbox"/> Emerging | <input type="checkbox"/> Age Appropriate | <input type="checkbox"/> Advanced | <input type="checkbox"/> Exceptional |
| Attention span/self chosen activity         | <input type="checkbox"/> Not Evident | <input type="checkbox"/> Emerging | <input type="checkbox"/> Age Appropriate | <input type="checkbox"/> Advanced | <input type="checkbox"/> Exceptional |
| Usually takes role of:                      | <input type="checkbox"/> Leader      | <input type="checkbox"/> Follower | <input type="checkbox"/> Varies          |                                   |                                      |

**Social and Physical Development**

- Separation from parents/guardians     Not Evident     Emerging     Age Appropriate     Advanced     Exceptional
- Interactions with parents/guardians     Not Evident     Emerging     Age Appropriate     Advanced     Exceptional
- Ability to share and work cooperatively     Not Evident     Emerging     Age Appropriate     Advanced     Exceptional
- Ability to wait turn     Not Evident     Emerging     Age Appropriate     Advanced     Exceptional
- Resolves conflict verbally     Not Evident     Emerging     Age Appropriate     Advanced     Exceptional
- Respect for own property     Not Evident     Emerging     Age Appropriate     Advanced     Exceptional
- Respect for others' property     Not Evident     Emerging     Age Appropriate     Advanced     Exceptional
- Uses language to problem solve     Not Evident     Emerging     Age Appropriate     Advanced     Exceptional
- Demonstrates self-control     Not Evident     Emerging     Age Appropriate     Advanced     Exceptional
- Interaction with peers     Not Evident     Emerging     Age Appropriate     Advanced     Exceptional
- Interaction with teachers     Not Evident     Emerging     Age Appropriate     Advanced     Exce
- Participates in physical group activities     Not Evident     Emerging     Age Appropriate     Advanced     Exceptional
- Gross motor coordination     Not Evident     Emerging     Age Appropriate     Advanced     Exceptional
- Body and space awareness     Not Evident     Emerging     Age Appropriate     Advanced     Exceptional
- Balance, gait, fluidity, smoothness of movement     Not Evident     Emerging     Age Appropriate     Advanced     Exceptional
- Usually chooses     Large Group     Small Group     Alone

Comments \_\_\_\_\_

What are this child's greatest strengths /gifts? \_\_\_\_\_

What are this child's greatest challenges? \_\_\_\_\_

**Family Information**

- Has realistic expectations of child     Did Not Observe     Rarely     Sometimes     Usually     Consistently
- Follows through with school recommendations     Did Not Observe     Rarely     Sometimes     Usually     Consistently
- Participates in school activities     Did Not Observe     Rarely     Sometimes     Usually     Consistently
- Cooperates with classroom teachers     Did Not Observe     Rarely     Sometimes     Usually     Consistently
- Cooperates with administration     Did Not Observe     Rarely     Sometimes     Usually     Consistently
- Is punctual with drop-off and pick up     Did Not Observe     Rarely     Sometimes     Usually     Consistently

Comments \_\_\_\_\_

**SPECIFIC RECOMMENDATION:**

- Recommended     Recommended with reservations     Prefer not to make a recommendation (*please explain below*)

\_\_\_\_\_

- Check here if any information pertaining to this student/family would be better communicated by phone. Please feel free to add further narrative on additional page(s) if desired.

Your name (please print) \_\_\_\_\_ Position \_\_\_\_\_

Subject(s) you taught applicant \_\_\_\_\_ I have known the applicant for \_\_\_\_\_

School \_\_\_\_\_ Phone \_\_\_\_\_

Your signature \_\_\_\_\_ Date \_\_\_\_\_

# Davis Waldorf School

3100 Sycamore Lane, Davis, CA 95616

## Confidential Student Evaluation Form for Grades

Child's name \_\_\_\_\_ Date of birth \_\_\_\_\_ Applying to grade \_\_\_\_\_  
last first month/date/year

**To the parent/guardian:** Print the above information and read and sign the statement below. Give this form to the child's teacher(s) with a stamped envelope addressed to the school listed above.

*For the child named above, I give permission for you to release the information on this form to the school listed above. I understand that I will not have access to this confidential information.*

Name of child's parent/guardian (please print) \_\_\_\_\_ Date \_\_\_\_\_

Signature of child's parent/guardian \_\_\_\_\_

To the teacher: We sincerely appreciate your cooperation in helping to evaluate this applicant and assure you that this information will be held in confidence. Please be sure the parent has signed above.

*PLEASE CHECK APPROPRIATE BOXES:*

- |                                     |  |   |  |  |
|-------------------------------------|--|---|--|--|
| Academic potential                  | <input type="checkbox"/> limited                         | <input type="checkbox"/> fair                     | <input type="checkbox"/> good                    | <input type="checkbox"/> outstanding             |
| Academic achievement                | <input type="checkbox"/> considerably below expectations | <input type="checkbox"/> as expected              | <input type="checkbox"/> better than tests       | <input type="checkbox"/> far above expectations  |
| Effort/motivation                   | <input type="checkbox"/> limited                         | <input type="checkbox"/> sporadic                 | <input type="checkbox"/> usually good            | <input type="checkbox"/> maximum                 |
| Study habits                        | <input type="checkbox"/> poor                            | <input type="checkbox"/> fair                     | <input type="checkbox"/> good                    | <input type="checkbox"/> excellent               |
| Ability to work in groups           | <input type="checkbox"/> has great difficulty            | <input type="checkbox"/> sometimes has difficulty | <input type="checkbox"/> usually effective       | <input type="checkbox"/> always works well       |
| Ability to work alone               | <input type="checkbox"/> needs much help                 | <input type="checkbox"/> needs help frequently    | <input type="checkbox"/> needs help occasionally | <input type="checkbox"/> always works well       |
| Curiosity                           | <input type="checkbox"/> little                          | <input type="checkbox"/> occasional               | <input type="checkbox"/> consistent              | <input type="checkbox"/> marked                  |
| Ability to express ideas orally     | <input type="checkbox"/> limited                         | <input type="checkbox"/> has some difficulty      | <input type="checkbox"/> good                    | <input type="checkbox"/> exceptional             |
| Ability to express ideas in writing | <input type="checkbox"/> limited                         | <input type="checkbox"/> has some difficulty      | <input type="checkbox"/> good                    | <input type="checkbox"/> exceptional             |
| Imagination                         | <input type="checkbox"/> little                          | <input type="checkbox"/> fair                     | <input type="checkbox"/> active                  | <input type="checkbox"/> highly developed        |
| Use of time                         | <input type="checkbox"/> uses poorly                     | <input type="checkbox"/> occasionally wastes      | <input type="checkbox"/> usually uses well       | <input type="checkbox"/> always uses effectively |
| Follows directions                  | <input type="checkbox"/> rarely                          | <input type="checkbox"/> needs much explanation   | <input type="checkbox"/> occasionally needs help | <input type="checkbox"/> quickly and effectively |
| Seeks help when needed              | <input type="checkbox"/> rarely                          | <input type="checkbox"/> occasionally             | <input type="checkbox"/> usually                 | <input type="checkbox"/> always                  |
| Attention span                      | <input type="checkbox"/> easily distracted               | <input type="checkbox"/> occasionally distracted  | <input type="checkbox"/> usually good            | <input type="checkbox"/> exceptionally good      |

- |                                |  |  |   |  |
|--------------------------------|--|--|---|--|
| Maturity in terms of age/grade | <input type="checkbox"/> very immature           | <input type="checkbox"/> somewhat immature               | <input type="checkbox"/> mature                                 | <input type="checkbox"/> impressive          |
| Respect for others             | <input type="checkbox"/> disrespectful           | <input type="checkbox"/> usually respectful              | <input type="checkbox"/> respectful                             | <input type="checkbox"/> highly respectful   |
| Social interactions with peers | <input type="checkbox"/> relates poorly          | <input type="checkbox"/> has occasional problems         | <input type="checkbox"/> healthy relationships                  | <input type="checkbox"/> extremely popular   |
| Reaction to criticism          | <input type="checkbox"/> poor                    | <input type="checkbox"/> fair                            | <input type="checkbox"/> good                                   | <input type="checkbox"/> excellent           |
| Leadership potential           | <input type="checkbox"/> a follower              | <input type="checkbox"/> leads when given responsibility | <input type="checkbox"/> seeks opportunities and uses them well | <input type="checkbox"/> a natural leader    |
| Initiative                     | <input type="checkbox"/> never initiates         | <input type="checkbox"/> rarely shows initiative         | <input type="checkbox"/> occasionally initiates                 | <input type="checkbox"/> often initiates     |
| Classroom conduct              | <input type="checkbox"/> frequent disruptions    | <input type="checkbox"/> occasional misconduct           | <input type="checkbox"/> usually good behavior                  | <input type="checkbox"/> good conduct        |
| Sense of humor                 | <input type="checkbox"/> rarely laughs or smiles | <input type="checkbox"/> fair                            | <input type="checkbox"/> good                                   | <input type="checkbox"/> delightful          |
| Self confidence                | <input type="checkbox"/> needs much reassurance  | <input type="checkbox"/> needs some support              | <input type="checkbox"/> appears overly confident               | <input type="checkbox"/> positive self-image |

Please describe the family's relationship with the faculty and administration.

---



---



---

*SPECIFIC RECOMMENDATION:*

- Highly recommended     
 Recommended     
 Recommended with reservations (*please explain below*)  
 Prefer not to make a recommendation (*please explain below*)     
 Not recommended

---



---



---

- Check here if any information pertaining to this student/family would be better communicated by phone. Please feel free to add further narrative on additional page(s) if desired.

Your name (please print) _____	Position _____
Subject(s) you taught applicant _____	I have known the applicant for _____
School _____	Phone _____
Your signature _____	Date _____