

Waldorf School of New Orleans

517 Soraparu Street, 101
New Orleans, LA 70130
Office (504) 525-2420
Facsimile (504) 525-3223
www.waldorfnola.org
email: info@waldorfnola.org

APPLICATION FOR ADMISSION

Date: _____

Applying for School Year: _____

Program / Grade Applying For: _____

Date Received: _____

Fee Received: _____

Please attach a photo of child.

Child's Name: _____
First Middle Last

Date of Birth: _____ Age: _____ Gender: _____

Residential Address: _____
City Zip Code

Mailing Address: _____
City Zip Code

Telephone: _____ Alternate Telephone: _____

Current School / Program: _____
Name of School / Program Address Grades Attended

Previous School / Program: _____
Name of School / Program Address Grades Attended

Parent's Name: _____
Relationship to Child

Address: _____
IF DIFFERENT FROM CHILD'S City State Zip Code

Home Phone: _____ Mobile Phone: _____

Work/Alternate Phone: _____ Email: _____

Occupation: _____ Location of Work: _____

Parent's Name: _____
Relationship to Child

Address: _____
IF DIFFERENT FROM CHILD'S City State Zip Code

Home Phone: _____ Mobile Phone: _____

Work/Alternate Phone: _____ Email: _____

Occupation: _____ Location of Work: _____

Grandparent's Name: _____ Phone: _____

Address: _____ Email: _____

Grandparent's Name: _____ Phone: _____

Address: _____ Email: _____

Emergency Contact: _____ Relationship to Child _____

Address: _____
City State Zip Code

Home Phone: _____ Mobile Phone: _____

Work/Alternate Phone: _____ Email: _____

Occupation: _____ Location of Work: _____

CHILD'S PROFILE

Child's Health / Medical Needs: _____

Child's Allergies: _____

Child's Maintenance Medication: _____

Potty Trained? YES NO If yes, at what age: _____

Describe any medical, physical, psychological, behavioral and/or other needs, conditions or concerns about the child that would assist the school & staff to best support the child:

Child Resides With: _____

Parent's Relationship Status: _____

Siblings: _____

Name

Age

School / Program Currently Attending

Name

Age

School / Program Currently Attending

What other schools / programs are you applying for: _____

If applicable, why is child changing schools / programs: _____

Has child ever been suspended, expelled or asked to leave another school / program:
YES NO If yes, please explain: _____

ENROLLMENT RESPONSIBILITY & PROCESS

The Waldorf School of New Orleans, a Developing Waldorf School, is operated by the Waldorf Parent's Association, a 501(c) 3 non-profit organization.

Complete financial responsibility for student's initial and continued enrollment, until otherwise changed in writing, will be assumed by:

Name	Relationship to Child
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Name	Relationship to Child
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- Please complete and submit the Authorization for Release of School Records to the student's previous school / program. Current School Records will need to be obtained by the Waldorf School of New Orleans prior to a final decision for student's acceptance.
- Please submit a non-refundable Application Fee of \$50.00 along with this completed Application for Admission to the Waldorf School of New Orleans office. Checks are payable to: Waldorf School of New Orleans.
- Once the above items are received, you will be contacted by phone to schedule an Entrance Interview for you and your child.
- Applicants are considered for admission without regard to race, color, creed, or national or ethnic origin.

Name of Parent / Guardian	Signature of Parent / Guardian	Date
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Name of Parent / Guardian	Signature of Parent / Guardian	Date
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***** Fifth through Eighth Grade Students ONLY *****

Please write responses to the following questions
(Use additional paper if needed)

Write a paragraph describing your special interests such as music, art, sports, hobbies, etc.:

Write a paragraph about a book you recently read and explain why you liked or disliked it: