



### Application

Applicant's Name \_\_\_\_\_ Sex (circle one) M / F

Birth date \_\_\_\_\_ Applying for (month/year) \_\_\_\_\_

Applying for Grade (circle one)    9    10    11    12

Mother's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Residential Address \_\_\_\_\_

Occupation \_\_\_\_\_

Business name and address \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Father's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Residential Address \_\_\_\_\_

Occupation \_\_\_\_\_

Business name and address \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ E-mail \_\_\_\_\_

If parents have separate addresses, child lives with \_\_\_ Mother \_\_\_ Father \_\_\_ Both

Correspondence should be addressed to \_\_\_ Mother \_\_\_ Father \_\_\_ Both

Names and birth dates of other children in family \_\_\_\_\_

Name(s) of school(s) attended	Address	Dates attended

*(Continued on second page.)*



Current or last grade attended \_\_\_\_\_

Name and telephone number of previous teacher to call for reference \_\_\_\_\_

Has the applicant received extracurricular tutoring or remedial help? Please explain. \_\_\_\_\_

Has the applicant received psychological counseling? Please explain. \_\_\_\_\_

Has the applicant ever been suspended from or expelled from a school or school program? Please explain. \_\_\_\_\_

Does the applicant have any physical, physiological, or psychological conditions of which we should be aware? Please explain. \_\_\_\_\_

How did you hear about our school? \_\_\_\_\_

\_\_\_\_ Please send me information on applying for tuition assistance.

\_\_\_\_\_  
*Signature of Parent or Guardian*

\_\_\_\_\_  
*Date*

- **A \$50 non-refundable fee must accompany this application.**
- **Please include a writing sample—an essay or other written work—that the applicant completed as an assignment from his or her present or most recent school.**

*The Great Barrington Waldorf High School, Inc. admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.*

(For office use only) Date Received: \_\_\_\_\_

***Application Checklist:***

- |                            |   |
|----------------------------|---|
| ____ Complete Application  | ____ \$50 application fee                   |
| ____ School record release | ____ Academic Reference                     |
| ____ Personal Reference    | ____ Writing Sample                         |
| ____ Visiting Day          | ____ Admissions tests (Essay, Math, Verbal) |



## Academic Reference

*Parents: Please ask one of your child's teachers to fill out this form and return it to us in the enclosed envelope.*

Student name \_\_\_\_\_

Recommended by \_\_\_\_\_

How long have you known this student? \_\_\_\_\_

Course(s) in which you have taught this student \_\_\_\_\_

Please comment on this student's academic promise, academic achievement, creativity, social skills, attitude and effort in class, and any other factors that you believe demonstrate this student's ability to succeed in a small, rigorous high school. Please note also any resource or remedial help that this student received.

I recommend this student (circle one)    *without reservation*    *highly*    *somewhat*    *with reservations*

\_\_\_\_\_  
*Teacher's Signature*

\_\_\_\_\_  
*Date*



## School Records Release

Dear Parents,

Please complete and sign this release form and return it with your application so that we may obtain transcripts from your children's previous schools.

Previous/Current school(s):

Name

Address

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*I hereby consent to the release of all school records from schools listed above to the Great Barrington Waldorf High School.*

\_\_\_\_\_  
*Signature of Parent or Guardian*

\_\_\_\_\_  
*Date*

The following student has applied to our school:

Name

Grade

Date of Birth

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Please forward the following records:

Transcripts

Attendance records

Immunization records

Test scores and all relevant assessments

Is this family leaving your school in good financial standing?  Yes  No

If "no," please explain briefly:

\_\_\_\_\_  
*Name of School Official (please print)*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*



GREAT BARRINGTON  
WALDORF HIGH SCHOOL

## Personal Reference

Student name \_\_\_\_\_

Recommended by \_\_\_\_\_

Your relationship to the student \_\_\_\_\_

How long have you known this student? \_\_\_\_\_

Please comment on such personal qualities as integrity, creativity, social skill, leadership skill, sense of humor, ability to learn from constructive criticism, and other qualities that would lead to success in a small, rigorous high school.

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*Signature*

*Date*