



Dear Parents,

Thank you for your interest in Shining Mountain Waldorf School and your desire to learn about Waldorf education. The information below will help you with the application process.

Please submit the following when applying for Grades 4-5:

- Application for Enrollment for Grades 1- 8
- Current transcripts for end of the year report
- Current test results (if applicable)
- \$50 non-refundable application fee

Once **all** of these materials are received, you will be contacted. A parent-teacher interview and shadowing will then be arranged. Applicants are asked to shadow at Shining Mountain for two to three full days. The purpose is to provide an opportunity for the teacher and child to become acquainted. This also helps to assure Shining Mountain is a good fit for you and your child.

Please keep the following in mind for shadowing days:

Children should arrive **no later than 8:20am to begin school at 8:30am**. Dismissal is at 3:00pm every day except Thursday, when the children are dismissed at 2:00pm.

Students should **bring a morning snack and lunch**.

Parents are asked to sign an **emergency medical form** available in the office prior to shadowing. This can be done in the morning before the child enters the class.

In addition, we ask that you attend one of our monthly tours which are offered October through May. Dates can be found on our website at www.smwaldorf.org or by calling the Admissions office at **303-951-8579**. The tour will provide an opportunity to learn more about our well-rounded, age-appropriate curriculum, age 3 through grade 12.

You are welcome to attend any of our many public events during the year. A card listing these public events can be obtained by calling **303-444-7697**, or by going to the Admissions/Public Events page of our website: <http://www.smwaldorf.org/admissions/PublicEvents-Current.pdf>.

In an effort to aid families in need of financial support, SMWS offers tuition assistance. You may obtain an application by calling the Lower School office at **303-444-7697**. Information regarding financial aid is available on our website at www.smwaldorf.org under Admissions. Once your student has been accepted, your application for financial aid will be reviewed by our Tuition Partnership Committee.

If you have any questions or desire more material on Waldorf education, please call me at **303-951-8579**. I look forward to talking with you about this important decision regarding your child.

Sincerely,

Nita Davanzo
Director of Admissions
Shining Mountain Waldorf School
999 Violet Avenue, Boulder, Colorado 80304

Shining Mountain Waldorf School

999 Violet Avenue • Boulder, Colorado 80304 • (303) 444-7697 • Fax (303) 444-7701

www.smwaldorf.org

Application for Enrollment — Grades 1-8

Child's Name _____ Birth Date _____ Gender _____

mo/day/year

Applying for Grade _____ Start Date _____

mo/day/year

Parent #1: Name _____

Address _____

PLEASE CIRCLE THE BEST PHONE NUMBER TO CALL . . .

Home Phone _____ Work Phone _____

Cell Phone _____ E-mail Address _____

Employer _____

Occupation/special interests _____

Parent #2: Name _____

Address (if different from above) _____

Home Phone _____ Work Phone _____

Cell Phone _____ E-mail Address _____

Employer _____

Occupation/special interests _____

If the child does not live with both parents, please describe the child's living situation: _____

Please list the names and birth dates of other children in the family. Note those who are currently attending SMWS or who are applying.

Will you be applying for Tuition Assistance? Yes No

Who will hold financial responsibility? _____

What school is your child currently attending? _____

Has your child ever attended a Waldorf school? If so, which one and for how long? _____

Have you consulted any professionals to address medical, emotional, learning or behavioral challenges regarding your child?
 Yes No **If yes, please submit written reports of their observations, testing, or findings with this application.**
(If your child transfers to another school, this written information will be kept confidential and will not be released without your written permission.)

Please list prescription medications your child is currently taking. _____

Please give information about your child that will be helpful to the teachers. For example: special interests or abilities, physical characteristics, strengths and weaknesses. _____

What role do TV, videos, DVDs, movies, and computer games play in your household? Frequency of watching (number of times a week). _____

What is your familiarity with Waldorf education? (For example, books read, lectures attended, friends.)

What are you hoping to find in this education for your child? _____

Does your child speak a language other than English? _____ If so, what language? _____

Does your child play a musical instrument? _____ If so, what instrument? _____

Parent(s) Signature(s) _____ Date _____

_____ Date _____

- **Please submit the \$50 non-refundable application fee, transcripts or reports, and requested documents with the application.**
- **Please make plans to attend one of our monthly tours which are held October through May.**

STATEMENT OF NON-DISCRIMINATORY POLICY: Shining Mountain Waldorf School does not discriminate on the basis of race, religion, or national origin in its admission policy or conduct of its educational programs.