Dear Parents or Guardians,

Thank you for your interest in Meadowbrook Waldorf School. In order to be admitted to the school, you must complete the following steps:

1. You are strongly encouraged to attend an informational event.
2. Complete this application and return it with the appropriate fee.
3. Participate in a parent-teacher interview.
4. Parent and child meet an Early Childhood teacher (Early Childhood Applicant) or complete a 3-to-5-day class visit (Grades Applicant).

Please return this application, including one signed Records Release Form per child and application fee, by mail to Meadowbrook Waldorf School, 300 Kingstown Road, West Kingston, RI 02892 or email to admissions@meadowbrookschool.com

Non-refundable application fees are paid by check to Meadowbrook Waldorf School. Fees are $50 per student, or $250 per evaluation for special health or learning needs and/or IEP.

The application process seeks to determine if we can appropriately meet the needs of applicant children with integrity. Meadowbrook Waldorf School has limited resources to meet specialized student needs. While we do have children enrolled at Meadowbrook with IEPs and 504 Plans, our school may not be the most appropriate educational choice for some children.

Applications will not be processed until all documents and payment arrive. An enrollment decision will be communicated in a timely manner. Any Tuition Adjustment application is submitted after an enrollment offer is accepted.

Please email admissions@meadowbrookschool.com or call 401-491-9570 with questions.

Sincerely,

Christine Martuscello

Admissions Coordinator

Application for Admission

Parent Information

|  |  |  |
| --- | --- | --- |
|  | Parent #1 | Parent #2 |
| Name |  |  |
| Pronouns |  |  |
| Street Address |  |  |
| City, State, Zip |  |  |
| Preferred Phone |  |  |
| Email |  |  |
| Occupation |  |  |
| Hours |  |  |
|  Apply for financial aid? |  |  |

Do you wish to share any race, ethnicity, or cultural information about your family?

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Household Composition and Program Preference

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Name | Birth Date | Pronouns | Program |
| Child 1 |  |  |  |  |
| Child 2 |  |  |  |  |
| Child 3 |  |  |  |  |
| Child 4 |  |  |  |  |

Please indicate your grade or program preference above. For Early Childhood, we offer 3- or 5-day programs, for full or half days.

What do you hope to find for your children at this school and from Waldorf Education?

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First Applicant Child

|  |  |
| --- | --- |
| Child’s Name |  |
| Date of Birth |  |
| Street Address |  |
| City, State, Zip |  |
| Current School |  |
| Years Attended |  |
| School Address |  |
| School City, State |  |
| School Phone |  |
| Teacher’s Name |  |

Briefly describe your child: temperament, gender identity, likes/dislikes, learning style, etc.

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Describe the rhythm of your child’s day and evening (sequence of activities, rest and bed times, etc.)

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Does your child have a medical condition that the school should be aware of as we assess if we can meet their needs of the child and/or be successful in our school environment? \_\_\_ Yes \_\_\_No

If yes, please briefly summarize. We will contact you for additional information. \*\*

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Has your child ever had a social, neurological, emotional, educational, or other evaluation, or does your child have an IEP? \_\_\_ Yes \_\_\_No If yes please briefly summarize. We will contact you for additional information. \*\*

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\*\*The school will not grant an interview until medical or testing records have been received. Failure to disclose previous testing or medical conditions may be cause for dismissal from Meadowbrook Waldorf School.

**Request for Teacher Communication and Copy of Educational Records**

Student’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Grade \_\_\_\_\_\_\_\_\_\_\_\_

Current School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To the Parent/Guardian:**

This form is to authorize your child’s current school, preschool or daycare to release copies of all records to Meadowbrook Waldorf School and, if contacted, to speak to Meadowbrook Waldorf School personnel about this applicant. This information will be held in confidence. Please sign this form and return to Meadowbrook Waldorf School with your application. Meadowbrook will forward this release to your current school.

We authorize the release of all educational records, including progress reports and educational testing, of the above-named applicant to Meadowbrook Waldorf School. We grant permission for Meadowbrook Waldorf School personnel to communicate with faculty of the above-named school.

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To the Applicant’s Current School or Care Provider:**

The above-named student has applied for admission to Meadowbrook Waldorf School. To help us evaluate the applicant, please send us copies of the following information:

1. A copy of the applicant’s transcripts and/or progress reports for the past academic year and current academic year.
2. Any psychological or specialized testing results, including most recent IEP and progress report.
3. All standardized test results.
4. For preschool teachers or care providers: Any records that may help us get to know this child.

PLEASE DO NOT SEND THE PERMANENT FILE AT THIS TIME. Please keep a copy of this signed release form in the student’s file. Should the student enroll at Meadowbrook Waldorf School, we will request that you send us the permanent file. We appreciate your cooperation in this process.

Please email, or mail the requested information as soon as possible to:

Meadowbrook Waldorf School

Attn: Admissions

300 Kingstown Road

West Kingston, RI 02892

Email: admissions@meadowbrookschool.com

Second Applicant Child

|  |  |
| --- | --- |
| Child’s Name |  |
| Date of Birth |  |
| Street Address |  |
| City, State, Zip |  |
| Current School |  |
| Years Attended |  |
| School Address |  |
| School City, State |  |
| School Phone |  |
| Teacher’s Name |  |

Briefly describe your child: temperament, gender identity, likes/dislikes, learning style, etc.

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Describe the rhythm of your child’s day and evening (sequence of activities, rest and bed times, etc.)

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Does your child have a medical condition that the school should be aware of as we assess if we can meet their needs of the child and/or be successful in our school environment? \_\_\_ Yes \_\_\_No

If yes, please briefly summarize. We will contact you for additional information. \*\*

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Has your child ever had a social, neurological, emotional, educational, or other evaluation, or does your child have an IEP? \_\_\_ Yes \_\_\_No If yes please briefly summarize. We will contact you for additional information. \*\*

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\*\*The school will not grant an interview until medical or testing records have been received. Failure to disclose previous testing or medical conditions may be cause for dismissal from Meadowbrook Waldorf School.

**Request for Teacher Communication and Copy of Educational Records**

Student’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Grade \_\_\_\_\_\_\_\_\_\_\_\_

Current School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To the Parent/Guardian:**

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We authorize the release of all educational records, including progress reports and educational testing, of the above-named applicant to Meadowbrook Waldorf School. We grant permission for Meadowbrook Waldorf School personnel to communicate with faculty of the above-named school.

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To the Applicant’s Current School or Care Provider:**

The above-named student has applied for admission to Meadowbrook Waldorf School. To help us evaluate the applicant, please send us copies of the following information:

1. A copy of the applicant’s transcripts and/or progress reports for the past academic year and current academic year.
2. Any psychological or specialized testing results, including most recent IEP and progress report.
3. All standardized test results.
4. For preschool teachers or care providers: Any records that may help us get to know this child.

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Please email, or mail the requested information as soon as possible to:

Meadowbrook Waldorf School

Attn: Admissions

300 Kingstown Road

West Kingston, RI 02892

Email: admissions@meadowbrookschool.com

Third Applicant Child

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| --- | --- |
| Child’s Name |  |
| Date of Birth |  |
| Street Address |  |
| City, State, Zip |  |
| Current School |  |
| Years Attended |  |
| School Address |  |
| School City, State |  |
| School Phone |  |
| Teacher’s Name |  |

Briefly describe your child: temperament, gender identity, likes/dislikes, learning style, etc.

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Describe the rhythm of your child’s day and evening (sequence of activities, rest and bed times, etc.)

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Does your child have a medical condition that the school should be aware of as we assess if we can meet their needs of the child and/or be successful in our school environment? \_\_\_ Yes \_\_\_No

If yes, please briefly summarize. We will contact you for additional information. \*\*

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Has your child ever had a social, neurological, emotional, educational, or other evaluation, or does your child have an IEP? \_\_\_ Yes \_\_\_No If yes please briefly summarize. We will contact you for additional information. \*\*

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\*\*The school will not grant an interview until medical or testing records have been received. Failure to disclose previous testing or medical conditions may be cause for dismissal from Meadowbrook Waldorf School.

**Request for Teacher Communication and Copy of Educational Records**

Student’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Grade \_\_\_\_\_\_\_\_\_\_\_\_

Current School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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We authorize the release of all educational records, including progress reports and educational testing, of the above-named applicant to Meadowbrook Waldorf School. We grant permission for Meadowbrook Waldorf School personnel to communicate with faculty of the above-named school.

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To the Applicant’s Current School or Care Provider:**

The above-named student has applied for admission to Meadowbrook Waldorf School. To help us evaluate the applicant, please send us copies of the following information:

1. A copy of the applicant’s transcripts and/or progress reports for the past academic year and current academic year.
2. Any psychological or specialized testing results, including most recent IEP and progress report.
3. All standardized test results.
4. For preschool teachers or care providers: Any records that may help us get to know this child.

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