

Application for a Returning Student Early Childhood and Elementary

To assist the class teacher in becoming reacquainted with your child, and as a basis for discussion at the time of your meeting with the teacher, please fill out and return this form, a photo of your child, and the application fee to the Enrollment Coordinator. After this form is received, a time will be scheduled for your child to visit the class and for you to meet with the teacher.

Child's Name						
Birth DateGender			—— Please attach a recent photo of			
Applying for:				your child here		
○ Mixed-Age Kindergart	en (ages 3-6)					
○ Grade						
Desired date of entry						
Current School						
School address						
State Zip	Phone					
Mother's Name			Father's Nam	ne		
Address			Address			
City, State, Zip			City, State, Zip			
Occupation			Occupation			
Employer			Employer			
Home Phone			Home Phone			
Email			Email			
Work Phone			Work Phone			
Other children in the family:						
Name	Age	Birth Date_		School		
Name	Age	Birth Date_		School		
Name	Age	Birth Date_		School		
Name	Age	Birth Date		School		

Child's's Updated Biography and Family Life

Tell us why you are interested in re-enrolling your child in Pleasant Ridge. Were there any unresolved difficulties when you left the school? Is there anything that needs to be addressed as part of the re-enrollment process?
Describe the educational programs your child has been involved with since leaving Pleasant Ridge. How well was your child doing in that environment? We will contact previous schools, but please feel free to include any reports that you have.
Describe any complications/extraordinary events that have occurred since your child last attended Pleasant Ridge.
Describe any changes in family arrangements that have occurred since your child last attended Pleasant Ridge, including any changes/updates in family routines, including diet & meals, chores, discipline, bedtime, time spent together, play time, media use, friendships, pets.

Does your child live with his/her parents?	Уes	No		
Do both parents reside in the same home?	Уes	No		
If no, does your child have contact with both?	Уes	No		
If there are two households, how much time is s	pent in ea	ch household?		
Who is (are) the custodial parent(s)?				
What other adults, if any, live in household(s)?				
Describe any new difficulties your child has expe hearing, speech, dental, allergies.	erienced si	nce being at Ple	asant Ridge, inc	luding difficulties in sight,
Describe any injuries or surgical operations that lany currently prescribed medications.	have occu	rred since your o	child last attend	ed Pleasant Ridge and list
List any academic or social- psychological evalua Ridge, and include the name, address, and phon		•	•	
May we have your permission to contact the abo	ove resour	ces? Yes	No	
List any current academic support services in wh number of the resources for the academic supporare currently in place.				
May we have permission to contact the above re	sources?	Уes	No	
Is your child able to attend school without accor If no, what accommodations would be necessary		ns? Yes	No	

Do you have any questions about Pleasant Ridge, including of the organization of the school?	questions about the curriculum, the parent handbook,
Is there anything that you feel is pertinent to this re-applicati	on that has not been covered above?
Parent's Signature	Date

A nonrefundable re-application fee of \$20 is required with this application.

As many parents choose to pay their financial commitment over a period of 6–12 months, Pleasant Ridge is effectively extending credit to these families. The school administration reserves the right at its discretion to check a family's credit rating. All information being requested is to enable PRWS to determine whether it can appropriately serve your child's needs with or without reasonable accommodations. Thank you for your cooperation.

Pleasant Ridge Waldorf School does not discriminate on the basis of gender, ethnic origin, economic ability, or sexual orientation



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