

# Hawthorne Valley

WALDORF SCHOOL

330 County Route 21C, Ghent, NY 12075

## HIGH SCHOOL PARENT APPLICATION 2012-2013

Student's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ M or F

Country of birth \_\_\_\_\_ Country of citizenship \_\_\_\_\_

Month/Year of entry \_\_\_\_\_ Applying To Grade \_\_\_\_\_

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

Address \_\_\_\_\_ Address (if different) \_\_\_\_\_

City, State, Zip \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail address \_\_\_\_\_ E-mail address \_\_\_\_\_

What are your reasons for applying to HVS? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Student's Educational History

Describe your child's strengths and weaknesses including academic, artistic, athletic, and social. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Foreign Languages \_\_\_\_\_ How many years? \_\_\_\_\_

Music Training/Instrument \_\_\_\_\_ How many years? \_\_\_\_\_

Has your child been recommended for academic tutoring? \_\_\_\_\_

Has this taken place? If yes, for how long? \_\_\_\_\_

Previous school(s): \_\_\_\_\_

## Health History

Please list any major childhood illnesses or medical/psychological problems your child has experienced since birth.

Include significant operations or accidents. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have drug and /or alcohol use been factors in the life of your child? If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Home and Family Rhythms

List names and ages of siblings. \_\_\_\_\_ Do they reside at home? \_\_\_\_\_

Does your child reside with both parents? \_\_\_\_\_ If not, please describe the custody/living arrangements: \_\_\_\_\_

What languages are spoken at home? \_\_\_\_\_

What festivals are celebrated at home? \_\_\_\_\_

\_\_\_\_\_

Are there any attitudes, beliefs or customs in your family that you consider unique? \_\_\_\_\_

What family responsibilities does your son/daughter have on a regular basis? \_\_\_\_\_

How do you rate your communication with your child? \_\_\_\_\_

Will you be applying for tuition reduction? \_\_\_\_\_

Additional Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE RETURN THIS APPLICATION FORM WITH A \$55 APPLICATION FEE TO:  
ADMISSIONS OFFICE, HAWTHORNE VALLEY SCHOOL, 330 ROUTE 21C, GHENT, NY 12075.**

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