

APPLICATION FOR ADMISSION
POTOMAC CRESCENT WALDORF SCHOOL
GRADES 1, 2 & 3
 2010-2011

INSTRUCTIONS:

- BOTH SIDES of application must be completed for ALL applicants.
- Complete every line of application. If an item does not apply, please write "N/A."
- Indicate the grade for which you would like your child to be considered.
- Enclose a nonrefundable \$75 application fee for all new applicants.
- Include a recent photo of your child.

Child's full legal name _____
 Birthdate _____ Age on June 1, 2009 _____ Birthplace _____ Boy Girl

Child's address _____
 City _____ State _____ ZIP _____
 Home Telephone _____

Father's name _____ Occupation _____
 Place of employment _____ Work/Cell Phone _____
 Work hours/days _____ Email _____

Mother's name _____ Occupation _____
 Place of employment _____ Work/Cell Phone _____
 Work hours/days _____ Email _____

• Parents' marital status: married separated divorced widowed single remarried

Father's ___/Mother's ___ (check one) address if different from child's
 Address _____
 City _____ State _____ ZIP _____
 Home Telephone _____

Please consider my child for:
 First Grade Second Grade Third Grade

If applicable, list child's previous school experience. For each elementary school previously attended, a Transcript Request Form (available from the PCWS office) must be completed.

School _____ Years/Grades Attended _____
 School _____ Years/Grades Attended _____

Siblings' Names	Age	Birthday	If in school, where?

PLEASE ANSWER THE FOLLOWING QUESTIONS (USE EXTRA PAGES IF NEEDED).

- If there are others in your household, please name them and state their relationship to your child.

- What draws you to Waldorf education?

- Special information about your child that you feel the teacher should have?

- How did you first learn about Potomac Crescent Waldorf School?

In case of emergency, if parent/legal guardian is unavailable, please contact:

Name: _____ Relationship to child _____
Home Telephone _____ Cell/Work Telephone _____
Physician's Name _____ Telephone _____
Signature _____ Date _____
(Parent or Legal Guardian)

EARLY DECISION DUE DATE IS 2/1/10.

COMPLETED APPLICATIONS MAY BE MAILED OR BROUGHT TO:



927 South 25th Street

Arlington, VA 22202

705.486.1309

www.PotomacCrescentSchool.org

office@PotomacCrescentSchool.org

We will be applying for financial assistance (due date 2/1/10)