

Rudolf Steiner School of Ann Arbor  
**Lower School Application Form**

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Today's date \_\_\_\_\_

**Student Information**

Student's full legal name \_\_\_\_\_ Birth date \_\_\_\_\_

Student's primary address \_\_\_\_\_

Grade applying for \_\_\_\_\_ School year applying for \_\_\_\_\_ Applicant is a:  Boy  Girl

School currently attending \_\_\_\_\_ Grade \_\_\_\_\_

School address \_\_\_\_\_

School telephone \_\_\_\_\_ School fax \_\_\_\_\_

**Parent/Guardian Information**

Applicant's parent or guardian \_\_\_\_\_

Home address \_\_\_\_\_

Phone: Cell \_\_\_\_\_ Home \_\_\_\_\_ Business \_\_\_\_\_

Email \_\_\_\_\_

Spouse/Partner name \_\_\_\_\_

Phone: Cell \_\_\_\_\_ Business \_\_\_\_\_

Email \_\_\_\_\_

Parent 2 or guardian \_\_\_\_\_

Home address \_\_\_\_\_

Phone: Cell \_\_\_\_\_ Home \_\_\_\_\_ Business \_\_\_\_\_

Email \_\_\_\_\_

Spouse/Partner name \_\_\_\_\_

Phone: Cell \_\_\_\_\_ Business \_\_\_\_\_

Email \_\_\_\_\_

**Sibling Information**

Name \_\_\_\_\_ Birth date \_\_\_\_\_

Name \_\_\_\_\_ Birth date \_\_\_\_\_

Name \_\_\_\_\_ Birth date \_\_\_\_\_

**Fee: A \$60 nonrefundable processing fee must accompany this application.**

Please make your check out to "RSSAA", memo "Lower School Application Fee."

*Rudolf Steiner School of Ann Arbor admits students of any race, religion, national or ethnic origin.*

Rudolf Steiner School of Ann Arbor

# Parent Questionnaire

## Grades 1-8

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Thank you for filling out this form as completely as possible. The contents of this form are confidential and are for the exclusive use of the faculty that they may better address the specific education requirements of your child.

Date: \_\_\_\_\_

Name of child \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_

Grade applying for: \_\_\_\_\_ School year applying for: \_\_\_\_\_

### Parent/Guardian Information

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Spouse/Partner \_\_\_\_\_ Phone \_\_\_\_\_

Parent 2/Guardian 2 \_\_\_\_\_ Phone \_\_\_\_\_

Spouse/Partner \_\_\_\_\_ Phone \_\_\_\_\_

Are parents separated?  Yes  No, Divorced?  Yes  No, If yes, who has legal custody? \_\_\_\_\_

Names and ages of siblings \_\_\_\_\_  
\_\_\_\_\_

### Student Information

What are your child's special interests? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have a favorite pastime? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child participate in private lessons or sports activities? Please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe your child's educational experience up to the present time: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How would you describe your child's personality? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What traits would you like to see strengthened in your child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What responsibilities does your child have at home? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe your child's level of independence and accountability in relation to:  
Family responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
Homework: \_\_\_\_\_  
\_\_\_\_\_

Is there anything about your child's birth or post birth experience that would be helpful for the class teacher to know? \_\_\_\_\_  
\_\_\_\_\_

At what age did your child teeth? \_\_\_\_\_

Did your child crawl? \_\_\_\_\_ If so, at what age? \_\_\_\_\_ At what age did your child walk? \_\_\_\_\_

Have you ever sought counseling or professional evaluation of your child? \_\_\_\_\_. If yes, please provide evaluation date and results for the following, as applicable.

Type of Evaluation	Date	Results
Testing for learning differences		
Psychological testing or counseling		
Testing regarding any behavioral problems		
Occupational / physical therapy		
Speech therapy		
Sensory integration therapy		

Is there anything else that you feel we should know about your child's development and needs?

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What do you hope to receive from our program for your child and family?

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*Thank you.*