

International Study Program High School Application

This Application is to be completed by the student's parent or guardian. High School applicants must be 14 years old by May 1 for fall entry into our ninth grade.

The attached "High School Student Questionnaire" must be completed by the student themselves. The Questionnaire should demonstrate the independent work of your student so please do not complete it for your child.

Teacher recommendation forms are also required for all applicants. See the attached "Teacher Recommendation Form" for instructions. Your student's Teacher Recommendation Forms and school records must be received by WSSD prior to final consideration for placement. Please Attach Photo Of Child Here.

Date of Application (mm/dd/yyyy):

APPLICANT INFORMATION

(This information will be used for immigration paperwork for the I-20 Form. All data MUST match the passport exactly.)

Student's Name:	Male or Female:	Date of Birth (mm/dd/yyyy):	
Student's email address:		Current grade level:	
Country of birth:	Country of citizenship:	<u> </u>	
Passport Number:	Passport place of issuance:		
Applying for school year (e.g. 2019-2020):	Applying to grade leve	el (9 th , 10 th , 11 th or 12 th):	
Proposed start date of study (mm/dd/yyyy):	Proposed end date of	study (mm/dd/yyyy):	
See Information sheet for term dates for the 2019-202 before your study start date and remain in the US for	-	· · ·	

HOUSEHOLD INFORMATION (This is the mailing address where the I-20 Form will be sent. Please ensure it is correct.)

Parent/Guardian #1 _					
Address					
				_ Postal Code	
In order of priority, ple	ase list the best telep	hone numbers to	reach you:		
()					
()	□ Cell				
()	□ Cell	□ Home □Work			
Email		Occupat	ion		
Name and type of bus	iness				
Parent/Guardian #2 _					
Address					
City		Country		_ Postal Code	
In order of priority, ple	ase list the best telep	hone numbers to	reach you:		
()	□ Cell	□ Home □Work			
()	□ Cell	□ Home □Work			
()					
Name and type of bus		-			
Financial responsibi	iity for tuition, all othe	er school related e	expenses and no	using are to be paid by:	
	ilv with:	uardian #1 🛛 Pa	arent/Guardian #	2 🛛 Both 🖾 Other	
Applicant lives primar Please summarize chi	•				
Please summarize chi	/ NOT living with both	Irrangements and	visitation restrict		
Please summarize chi	/ NOT living with both □ Child h	n parents please r	visitation restrict	tions, if any:	
Please summarize chi	<pre>/ NOT living with both Child h of applicant</pre>	n parents please r as never lived wit	visitation restrict	tions, if any:	
Please summarize chi	<pre>/ NOT living with both / NOT living with both / Of applicantAge</pre>	n parents please r as never lived wit	visitation restrict	hich child stopped living with t	

HOST FAMILY

Will your child need a h	nost family during their studies at	our school?	□ No
	allergies, dietary requirements, o nclude foods, pets, medicines and		ric history that your host family
If 'No' and they will be	staying with relatives or family fri	ends, please provide	the following information:
Relatives / Family fri	end		
Address			
City	Stat	e	Zip Code
In order of priority, plea	ase list best telephone numbers t	o reach them:	
()	□ Cell □ Home □Wor	k	
()	□ Cell □ Home □Wor	k	
()	□ Cell □ Home □Wor	k	
Email	Occ	upation	
EXPERIENCE WITH C	OUR SCHOOL		
Have you and your chi If YES, list date:/_	d attended a High School Open _/	House at our school	? 🗆 Yes 🗖 No
Have you and your chi If YES, list date:/_	d taken a tour at our school? _/	🗆 Yes 🗖 No	
	terest in The Waldorf School of S heard of the school. Were you	0	· · ·
	Can Diago is a community asho		ested to join up in the adventure of
	were to be admitted to the school		ected to join us in the adventure of d you be interested in

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Do you expect your child to attend The Waldorf School of San Diego through twelfth grade? _____

Is your child looking forward to changing sc If NO , please elaborate:	hools? 🛛 Yes 🖾 No	
What are your hopes for your child's high se	chool education?	

EXPERIENCE WITH PREVIOUS SCHOOLS

Please list applicant's previous schools starting with the most current school:

•	Current School	Dates attended	Grades attended
	Address	Tel	
	Name of School Counselor or other school contact Permission to contact?	zt	
•	Previous School	Dates attended	Grades attended
	Address	Tel	
	Name of School Counselor or other school contact Permission to contact?	ct	
•	Previous School	_Dates attended	Grades attended
	Address	Tel	
	Name of School Counselor or other school contact Permission to contact?	ct	
•	Previous School	_Dates attended	Grades attended
	Address	Tel	
	Name of School Counselor or other school contact Permission to contact?	ct	

Please give a summary of your experiences with any Waldorf schools listed on page 4.

Please give a summary of your experiences with any non-Waldorf schools listed on page 4 including a description of the school's environment and focus.

How has your child done in school? Please list both successes and concerns.

Please describe any special circumstances you feel have affected your child's previous school experience. Use an additional sheet of paper if necessary.

ENGLISH ASSESSMENT

What is the applicant's English ability (circle one): Speaking: None Basic Phrases Simple conversation Fluent Advanced Reading: None Basic Intermediate Writing: Intermediate Advanced None Basic

TOEFL Score (not mandatory): _____ IELTS Score (not mandatory): _____

HEALTH INFORMATION

Please identify your child's health **history**. List all notable illnesses (include chronic conditions), accidents and injuries along with applicable diagnoses and therapies used (physical and psychological). Use an additional sheet of paper if necessary.

Please identify any **current** health situation your child is experiencing that would have impact at school and of which the teacher should be aware. List applicable diagnoses and therapies in use (physical and psychological). Use an additional sheet of paper if necessary.

Any dietary restrictions? If YES, please elaborate:

Has your child been diagnosed with any developmental or learning disabilities? \Box Yes \Box No If **YES**, please explain:

Has your child received, or is now receiving special tutoring, counseling or therapy?

Yes
No

If YES, please describe nature and length of treatment or tutoring. Use additional sheet if necessary.

ls y	your child	currently o	on medication	of any	/ kind?	□ Yes	🗆 No
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If YES, please elaborate including history. Use additional sheet if necessary.

Does your child have any special needs due to a health condition? \Box Yes \Box No If **YES**, please elaborate:

To your knowledge, has your child ever experimented or habitually used alcohol or illegal drugs, including marijuana? If so, please describe.

STUDENT'S CURRENT HOME ENVIRONMENT

In order to meet the needs of your child we feel that it is beneficial for us to understand your child's home life, habits and interests.

What is the primary language spoken in your child's home?

How long has your child lived at your current residence?

Describe your child's home life. Tell us about any current responsibilities they have at home and how they spend their free time:

Describe your child when confronting a new situation:

What is your child's emotional response to frustration?

How do you respond to your child's frustration?

What do you enjoy most about your child?

What do you consider his/her challenges?

What is the most important thing for us to know about your child?

Please describe your child's relation to schoolwork and homework:

Please describe your child's extracurricular activities such as sport teams, hobbies, etc. How much time does your child spend in those activities and how does he or she feel about those activities?

Are you willing to adjust your child's scheduled extracurricular activities to ensure he or she succeeds academically and socially at our high school?
□ Yes □ No

Do you have any questions that you would like to ask us?

Yes
No

If YES, please list them:

Thank you for your time. We appreciate your thoughtful responses and look forward to meeting with you. Upon receipt of this application, we will contact you to arrange convenient interview times. Parents and students may be interviewed separately.

Placement at the Waldorf School of San Diego is based upon faculty acceptance.

Return complete application by mail or email to:

Jehanne Spriggs International Study Program Coordinator

The Waldorf School of San Diego, 4135 54th Place, San Diego, CA 92105, USA

Email: jspriggs@waldorfsandiego.org @ 001 (619) 280-8016 ext. 302

With your completed application form, you must send:

- Student Questionnaire
- Students essay (500 words, hand-written)
- Two teacher recommendations forms
- Latest school report or transcript
- Completed Current School Certification
 Form