



Please  
Attach Photo Of Child  
Here

# Exchange Study Program High School Application

This **Application** is to be completed by the student’s parent/caregiver. 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 **Current School Records** must be received by WSSD prior to final consideration for placement. Contact our ISP Coordinator directly if you have any questions.

*Date of Application (mm/dd/yyyy):*

## APPLICANT INFORMATION - WE ENCOURAGE YOU TO WRITE LEGIBLY

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

<i>Student's Name:</i>	<i>Gender (Male/Female/Other):</i>	<i>Date of Birth (mm/dd/yyyy):</i>
<i>Student's email address:</i>	<i>Current grade level:</i>	
<i>Country of birth:</i>	<i>Country of citizenship:</i>	
<i>Passport Number:</i>	<i>Passport place of issuance:</i>	
<i>Applying for school year (e.g. 2023-2024):</i>	<i>Applying to grade level (9th, 10th, 11th or 12th):</i>	
<i>Proposed start date of study (mm/dd/yyyy):</i>	<i>Proposed end date of study (mm/dd/yyyy):</i>	

See Information sheet for term dates for the 2023-2024 school year. You can arrive in the US up to 30 days before your study start date and remain in the US for up to 60 days after your study end date.

**HOUSEHOLD INFORMATION**

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

**Parent/Caregiver #1** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_\_

In order of priority, please list the best telephone numbers to reach you:

( \_\_\_\_\_ ) \_\_\_\_\_  Cell  Home  Work

( \_\_\_\_\_ ) \_\_\_\_\_  Cell  Home  Work

( \_\_\_\_\_ ) \_\_\_\_\_  Cell  Home  Work

Email \_\_\_\_\_ Occupation \_\_\_\_\_

Name and type of business \_\_\_\_\_

**Parent/Caregiver #2** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_\_

In order of priority, please list the best telephone numbers to reach you:

( \_\_\_\_\_ ) \_\_\_\_\_  Cell  Home  Work

( \_\_\_\_\_ ) \_\_\_\_\_  Cell  Home  Work

( \_\_\_\_\_ ) \_\_\_\_\_  Cell  Home  Work

Email \_\_\_\_\_ Occupation \_\_\_\_\_

Name and type of business \_\_\_\_\_

Applicant lives **primarily** with:  Parent/Caregiver #1  Parent/Caregiver #2  Both

Other \_\_\_\_\_ Please summarize child-sharing/**custody** arrangements and visitation restrictions, if any:

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

If applicant is currently **NOT** living with both parents please note the age at which child stopped living with both parents: \_\_\_\_\_  Child has never lived with both parents

**Siblings of applicant:**

Name: \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

**HOST FAMILY**

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Will your child need a host family during their studies at our school?  Yes  No

If 'Yes', do they have allergies, dietary requirements, or medical or psychiatric history that your host family should know about? (include foods, pets, medicines and anything else):

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If 'No' and they will be staying with relatives or family friends, please provide the following information:

Relatives / Family Friend \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

In order of priority, please list best telephone numbers to reach them:

( \_\_\_\_\_ ) \_\_\_\_\_  Cell  Home  Work

( \_\_\_\_\_ ) \_\_\_\_\_  Cell  Home  Work

( \_\_\_\_\_ ) \_\_\_\_\_  Cell  Home  Work

Email \_\_\_\_\_ Occupation \_\_\_\_\_

**EXPERIENCE WITH OUR SCHOOL**

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Have you and your child attended a High School Open House at our school?  Yes  No

If YES, list date: \_\_\_/\_\_\_/\_\_\_

Have you and your child taken a tour at our school?  Yes  No

If YES, list date: \_\_\_/\_\_\_/\_\_\_

Please indicate your interest in The Waldorf School of San Diego. Include materials you have read, lectures attended, and how you heard of the school. Were you referred by someone previously or currently at the school?

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The Waldorf School of San Diego is a community school so parents are expected to join us in the adventure of education. If your child were to be admitted to the school, in what ways would you be interested in participating?

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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 schools?  Yes  No  
If **NO**, please elaborate:

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What are your hopes for your child's high school education?

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**EXPERIENCE WITH PREVIOUS SCHOOLS**

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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?  Yes  No
- Previous School \_\_\_\_\_ Dates attended \_\_\_\_\_ Grades attended \_\_\_\_\_  
Address \_\_\_\_\_ Tel \_\_\_\_\_  
Name of School Counselor or other school contact \_\_\_\_\_  
Permission to contact?  Yes  No
- Previous School \_\_\_\_\_ Dates attended \_\_\_\_\_ Grades attended \_\_\_\_\_  
Address \_\_\_\_\_ Tel \_\_\_\_\_  
Name of School Counselor or other school contact \_\_\_\_\_  
Permission to contact?  Yes  No
- Previous School \_\_\_\_\_ Dates attended \_\_\_\_\_ Grades attended \_\_\_\_\_  
Address \_\_\_\_\_ Tel \_\_\_\_\_  
Name of School Counselor or other school contact \_\_\_\_\_  
Permission to contact?  Yes  No

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

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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.

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

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

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**ENGLISH ASSESSMENT**

What is the applicant's English ability (circle one):

Speaking:	None	Basic Phrases	Simple conversation	Fluent
Reading:	None	Basic Intermediate	Advanced	
Writing:	None	Basic Intermediate	Advanced	

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.

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

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Any dietary restrictions? If **YES**, please elaborate:

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Has your child been diagnosed with any developmental or learning disabilities?  Yes  No

If **YES**, please explain:

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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.

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Is your child currently on medication of any kind?  Yes  No

If **YES**, please elaborate including history. Use an additional sheet if necessary.

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Does your child have any special needs due to a health condition?  Yes  No

If **YES**, please elaborate:

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

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### **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:

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Describe your child when confronting a new situation:

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What is your child's emotional response to frustration?

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How do you respond to your child's frustration?

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What do you enjoy most about your child?

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What do you consider his/her challenges?

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

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

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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 do they feel about those activities?

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Are you willing to adjust your child's scheduled extracurricular activities to ensure They succeed 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:

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*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.*

**Along with this 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

**Return complete application by mail or email to:**

Araceli Piceno Guevara  
International Study Program Coordinator

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

Email: [internationalstudy@waldorfsandiego.org](mailto:internationalstudy@waldorfsandiego.org)  
Phone: 001 (619) 280-8016 ext. 307