

Emergency Contact Name (Other than Parents) _____ Phone _____

Address _____ Relationship to Student _____

Name of Present School _____ Current grade/class _____

Address: _____

School Phone _____ Fax _____

Name of Class Advisor/Tutor/Guardian _____ Phone _____

Host Family in the United States: Name(s) _____

Address _____ Phone _____

Expected Date of Arrival _____ Length of Stay Requested _____

Is this an exchange? _____ Name of Exchange Student _____

When would the American Exchange Student be in your country? _____

What is the name of the Class Advisor/Tutor/Guardian of the class our student will be entering?
_____ Phone _____

What is the name of the school official at your school who is responsible for arranging foreign exchanges?
_____ Phone _____

Email _____

How did you hear about our school?

Why do you want the student to have a foreign exchange experience at this time?

What particularly attracts you to The Denver Waldorf High School?

How much experience has the student had in other countries?

Has the student ever lived away from home with the parent(s) and for how long?

Occasionally the students will watch a movie during a class if it is particularly relevant. Do you have any restrictions regarding what type of movies the student may see? Please describe.

How does your student deal with stressful situations? What indications might there be that the student is experiencing stress? Is there anything we need to know which could be helpful in this situation?

The Denver Waldorf School does not discriminate on the basis of disability. All information requested is to enable The Denver Waldorf School to determine whether it can appropriately serve your student's needs with or without reasonable accommodations. Thank you for your cooperation.

STUDENT LIFE

List the names and ages of other children in the family.

How would you describe the student's personality?

What responsibilities does the student have at home?

What are the student's special interests?

Which traits would you like to see strengthened in the student?

Is there anything significant about the student's development that you would like to tell us?

MEDICAL HISTORY

List any allergies the student may have:

List any medications the student is currently taking:

Is the student in the care of a physician at the present time? If so, for what reason(s)?

Has the student been treated by a physician in the past 5 years? If so, give doctor's name(s), date(s), cause(s), and result(s).

EDUCATIONAL HISTORY

Any grades repeated or skipped, if any _____ Reason:

Does the applicant have any special learning needs? _____ If yes, please explain and provide pertinent information.

Has the student received any educational testing, remediation, psychological counseling or therapy during the past 5 years? If so, please provide name(s) of counselor(s)/therapist(s), date(s) of testing, and cause and results of testing.

While The Denver Waldorf High School is open to students with all types of learning styles, there are no formal special education services and therefore the school may not be able to meet the learning needs of all students. The Denver Waldorf School admits students of any race, color, gender, or national origin to all rights, privileges, programs and activities generally accorded and made available to students of the school. It does not discriminate on the basis or race, color, gender or national or ethnic origin in the administration of its educational policies, tuition assistance and loan programs, or other school programs.

Upon receipt of student and parent applications, recommendations, and school records a decision will be made as to acceptance. When the host family arrangements are satisfactorily made, if this is a direct exchange, verification will be sent along with the INS I-20 form.

If this is an enrollment, upon acceptance by the school, tuition, registration, and book fees as listed in the Tuition and Fee Schedule will be required, along with a completed and signed Tuition and Enrollment Agreement and other forms required by the school or the State of Colorado, then the INS I-20 form will be sent. All fees are non-refundable.

This is an exchange _____ a standard enrollment _____ Accepted for the school by:

Signature of Teacher

Date

Release of Records

To better understand your child's prior educational experience, we request your child's school records. Please provide the name(s) and address(es) of school(s) your student has previously attended from Grade 6.

Name of present school _____ Current Grade _____

School Address _____

Other school attended _____ Grades _____

School Address _____

Other school attended _____ Grades _____

School Address _____

I hereby give the above school(s) permission to release to The Denver Waldorf School the following information concerning my child:

___ Teacher/Counselor Comments

___ Transcripts

___ Grade Reached

___ Immunization Card

___ Standardized Test Data

___ Psychological Records and Data

___ Other

Signature of Parent

Date