

## High School Application: Parent/Guardian Supplement Questionnaire

High School Application: Parent/Guardian Supplement Questionnaire

School Year Applying for \_\_\_\_\_ Grade Applying for \_\_\_\_\_ Student's Date of Birth \_\_\_\_\_

**Student's Full Name** \_\_\_\_\_

**Parent/Guardian Names** \_\_\_\_\_

Does the child live with both parents? Yes  No

If not, please explain:

*If there are additional guardians or parental figures, please list them here and explain their relationship to the student and their academic support systems:*

### Academics

List the student's stronger areas in school:

List the student's more challenging areas in school and how those have been supported at home or with other resources:

List the courses in Algebra and Geometry that the student has completed:

What level of foreign language(s) has the student completed?

Has the student repeated a grade? Yes  No  If so, which grade and why? \_\_\_\_\_

Please list each school or academic program the student has attended and for how long. Use an additional piece of paper if necessary.

School/Program: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ - \_\_\_\_\_ Why did the student leave/what was accomplished?

School/Program: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ - \_\_\_\_\_ Why did the student leave/what was accomplished?

School/Program: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ - \_\_\_\_\_ Why did the student leave/what was accomplished?

## **Social**

What is the quality of the student's social relationship with classmates, teachers, etc.?

If the quality of social relationships has been challenging, please describe specific aspects of the problem, including your perception of the probable causes and how these have been addressed:

## **Health**

Please identify any serious illnesses the student has had:

Please identify any medications or homeopathic supports that the student has been prescribed within the last two years:

Please identify any injuries or traumas the student has experienced:

Please identify any allergies or other health situations the school should know about:

---

Does the student have any physical challenges that would prevent them from fully and safely participating in Summerfield's programs without some form of special accommodation? \_\_\_\_\_

If such an accommodation is being requested, please specify:

---

Has the student received any academic testing or learning accommodations? If so, please describe:

---

### **Miscellaneous**

List the student's special interest, hobbies, and activities:

---

How many hours per week does the student spend engaging in screen time and for what purpose?

---

How did you hear about Summerfield Waldorf School?

---

Why would you like your student to attend Summerfield High School?

---

Summerfield Waldorf School and Farm expects families to fully support their children's educational experience and the broader school community. Please explain how your family supported your child at this or her previous school.

## **Reflection**

Please describe a moment when you saw the student struggle through and then learn a subject or lesson. How did the student overcome the challenge? Did she or he ask for help? In what ways did the student explain frustrations and any breakthroughs? What was your role in this experience? Be as descriptive as you can, to give us a real picture of who this individual is and how they meet the world. Use another piece of paper if necessary.

---

## **Other Comments**

Please describe any situation or aspect of the student's life which may have a bearing on their likelihood of a satisfactory education and personal development at Summerfield or on the teachers' ability to work with them.

---

Please return a photograph of the student (if not already upload) and this application to [admissions@summerfieldwaldorfschool.org](mailto:admissions@summerfieldwaldorfschool.org). You may pay the \$95 application fee online.