

**APPLICATION FOR ADMISSION  
EARLY CHILDHOOD  
THE BROOKLYN SCHOOL  
WALDORF EDUCATION FOR BROOKLYN FAMILIES**

*Please type or print clearly in black or blue ink.*

**APPLICANT INFORMATION**

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Child's Full Name: \_\_\_\_\_ Usually called: \_\_\_\_\_

Birth Date: \_\_\_\_\_ (Note: applicant must be 6 yrs old by July prior to entry into grade one) Gender: M \_\_\_\_\_ F \_\_\_\_\_

Applying for entry into: nursery \_\_\_\_\_ kindergarten \_\_\_\_\_ grade \_\_\_\_\_ Academic year: \_\_\_\_\_

Has applicant previously applied to The Brooklyn School? No \_\_\_ Yes \_\_\_ (Year \_\_\_\_\_)

Child's primary language \_\_\_\_\_ If multilingual, what languages? \_\_\_\_\_

**Special considerations:** Please note below (or separately) any physical disabilities, academic and/or emotional challenges for which the applicant has received special treatment. \_\_\_\_\_

\_\_\_\_\_ Will the results of special treatment, tests and/or instruction be made available to us? Yes \_\_\_\_\_ No \_\_\_\_\_

**SCHOOL OR CHILDCARE INFORMATION**

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Present School	Address (city, state, zip)	School phone	Dates & Grades
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**PARENT/GUARDIAN INFORMATION**

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List title(s) for our correspondence ( Mr. Ms. Dr., etc.)

Parent/Guardian name  
\_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_

Occupation & Employer: \_\_\_\_\_  
\_\_\_\_\_

(W) Phone: \_\_\_\_\_

Parent/Guardian name  
\_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_

Occupation & Employer: \_\_\_\_\_  
\_\_\_\_\_ (W) Phone: \_\_\_\_\_

(W) Phone: \_\_\_\_\_

**OTHER PARENT / GUARDIAN INFORMATION**

Applicant's natural parents are now (please check all that apply)

Married  Separated  Divorced  Divorced & remarried  Mother deceased  Father deceased  Single parent

With whom does applicant live?

Both parents  Mother  Father  Father & stepparent  Mother & stepparent  Legal guardian(s)

Other \_\_\_\_\_

Is there anyone at home who shares responsibility for the applicant? Yes \_\_\_ No \_\_\_

Name of caregiver: \_\_\_\_\_ Relationship to applicant \_\_\_\_\_

**TO WHOM SHOULD ALL BILLS BE SENT**

Name(s): \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Who is financially responsible for all school expenses? \_\_\_\_\_ Are you requesting financial aid? Yes \_\_\_ No \_\_\_

**OTHER CHILDREN IN APPLICANT'S FAMILY**

Siblings/Step siblings \_\_\_\_\_ Also applying to The Brooklyn School? **Y** or **N**

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

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

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

**HOW DID YOU HEAR ABOUT THE BROOKLYN SCHOOL?**

Is either parent/guardian an alumnus/alumna of a Waldorf school? No \_\_\_ Yes \_\_\_ If yes, please list his/her name, school and grades attended? \_\_\_\_\_

Name of friend(s) who attend(ed) The Brooklyn School \_\_\_\_\_

**ANY ADDITIONAL COMMENTS ARE WELCOME**

Is there anything else you would like the teachers to consider or know about your child and his/her family life?

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

**Please enclose a \$65.00 non-refundable fee with your application. If this is a hardship for you, put this in writing on your application or email us at: [admin@thebrooklynschool.com](mailto:admin@thebrooklynschool.com). Make checks payable to: **Friends of the Brooklyn Waldorf School** and mail it with your application to: **The Brooklyn School, 126 St. Felix Street, Brooklyn, NY 11217.****

