



## Middle School Pilot Program Application for Admission

The most successful educational experience for the child comes when home life and school life work in a harmonious fashion, providing a solid base from which the child can be in the world. This is what we strive for here at City Of Fountains School.

As you answer the questions below, please understand that these questions are helpful for our teachers, in understanding your child's rhythm (order of their day). This rhythm carries into the classroom each day and as teachers, we can help the child integrate into school if we know more about your family life.

*The young child's development of creativity happens when they can picture, envision and see inwardly. Studies show that this delicate ability is overwhelmed by the bombardment of media, in all its forms. Therefore, we ask you about your media usage. This is not a test, just a way to understand your child and family better.*

Thank you for taking the time to assist us in getting to know you and your child!

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The City of Fountains Middle School Program is offered Monday through Thursday. Please indicate below the specific grade you are interested in:

7th Grade       8th Grade

### Applicant (Student) Information

\_\_\_\_\_ Full Name      \_\_\_\_\_ Preferred Nickname

\_\_\_\_\_ Date of Birth      \_\_\_\_\_ Race (optional)

Male    Female       Other/ Non-Binary   Notes: \_\_\_\_\_

Has this student applied to City of Fountains School before?    Yes    No

Which year? \_\_\_\_\_ Which program? \_\_\_\_\_

### Parent/Guardian Information

Parent/Guardian #1

\_\_\_\_\_  Sole legal custody    Joint legal custody of student  
Full Name

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

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Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

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Occupation/Job Title \_\_\_\_\_ Place of Employment \_\_\_\_\_

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Email Address \_\_\_\_\_

**Parent/Guardian #2**

\_\_\_\_\_  Sole legal custody  Joint legal custody of student  
Full Name \_\_\_\_\_

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

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Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

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Occupation/Job Title \_\_\_\_\_ Place of Employment \_\_\_\_\_

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Email Address \_\_\_\_\_

**Alternate Emergency Contact #1**

Name \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Phone \_\_\_\_\_

OK to pick up child from school?  Yes  No

**Alternate Emergency Contact #2**

Name \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Phone \_\_\_\_\_

OK to pick up child from school?  Yes  No

**Current School Information**

\_\_\_\_\_ Name of Current School (and School District)

\_\_\_\_\_ Address

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

\_\_\_\_\_ Other Schools/Daycares Previously Attended

\_\_\_\_\_ Grade Levels Attended

\_\_\_\_\_  Director  Principal  Counselor

\_\_\_\_\_ Telephone

\_\_\_\_\_ Grade Levels Attended

**Medical/Educational Needs:**

Have you consulted a physician or other professional about your child’s development in any of the areas listed below:

Learning Difficulties  Yes  No

Speech and/or Language Development  Yes  No

Emotional and/or Behavioral Development  Yes  No

Check here if your child has ever had an educational or psychological evaluation, IEP, or 504 Service Agreement. (You must send copies of these documents along with this application.)

Does your child have any physical, emotional, or academic issues that her/his teachers should be aware of? Please include allergies, learning issues, speech problems, development delays, etc. List any previous and current therapies.

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Are any medications given to your child regularly?  Yes  No If yes, please describe which medications(s) and for which condition(s).

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**PARENT QUESTIONNAIRE**

How did you hear about our school?

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Why have you chosen a Waldorf-inspired school for your child?

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Please describe your child's current school experience and what has led to your search for a new school.

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What do you hope to see your child receive from his/her school experience?

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Which other schools are you seriously considering and why?

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How would you describe your child's personality and temperament?

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What are your child's special interests and hobbies?

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What traits or qualities does your child have which you would like to see strengthened?

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Has your child had formal music training? If so, which instrument and for how long?

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Does your child have any prior education or experience in a foreign language?

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What role does modern day entertainment – TV, movies, gaming, etc., – play in your family life? In total, how many hours a day does your child spend on these activities? If age-appropriate alternatives were suggested by the teacher, would you be willing to make changes in the way your child relates to these types of media?

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At COFS, we strive to honor a variety of cultural and religious traditions within our classrooms. To cast a spotlight on the richness of our wonderfully diverse community, we would love to hear more about your family and any cultural, religious, or spiritual practices you observe within your family.

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## Financial Information

- Check here if you intend to apply for need-based tuition assistance / financial aid.

Application for need-based tuition assistance / financial aid is a separate process and in no way affects admission decisions. Please print and return the tuition assistance application with this form. Feel free to contact the admissions office with any further questions about this.

**General Information** A nonrefundable fee of \$50 (per *new* family) must accompany this application. Final acceptance is based upon assessments, observation, and the availability of space in the class. Applicants are considered for admission without regard to race, religion, ethnic origin, or gender.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_