



Student Information Form

Child's Name _____

To assist the Class Teacher with getting to know your child and as a basis for discussion at the time of your meeting, please fill out and return this form to the school. Please use the back of the page if you need additional response space.

Three Rivers School does not discriminate on the basis of disability. All information being requested is to enable Three Rivers School to determine whether it can appropriately serve your student's needs with or without reasonable accommodations.

How did you learn about Three Rivers School?

What attracts you to Waldorf education and Three Rivers School? What aspects of this education are most appealing and important to you?

What are you hoping to find in Waldorf education for your child?

For the young child, please describe any experience in a group setting (day care, preschool, etc.).

If you are transferring your child from another school please explain your reasons for doing so.

Student's Biography

Please describe any unusual circumstances during your pregnancy, your child's birth and early years.

If your child was adopted, please describe at what age and under what circumstances.

Describe your child's temperament/personality.

Please describe the child's primary residence. (Who lives there, names and ages of other children/step children, name of stepparent.)

If applicable, please describe the secondary residence. (Who lives there, names and ages of other children/step children, name of stepparent, custody arrangements, and regular routine for visitation.)

What does your child do after school?

At what time does your child usually go to bed? _____ Weekdays _____ Weekends

Does your child watch TV or videos? _____ When?

How long?

How often?

Does your child play video games or use the computer?

How often and for what length of time?

Are you willing to limit your child's television and computer time?

Describe what you do when your child does not meet your standards of behavior.

Have you consulted any professionals to address medical, emotional, learning or behavior challenges regarding your child? Yes ___ No ___ If yes, please submit written reports of their observations, testings or findings with this application.

How would you describe your child's physical constitution? Have there been any serious illnesses, operations or accidents?

Does your child have any specific health concerns or needs? If yes, please describe.

Please list current prescription medications your child is taking.

Does your child wear glasses? When do the glasses need to be worn?

Does your child have any physical restrictions? If yes, please describe.

Does your child have any allergies, including food allergies? What is your child's reaction?

What physical activities does your child enjoy?

For EC/Kindergarten applicants only:

Children who are entering Three Rivers School EC/Kindergarten must be able to use the restroom without assistance or with minimal assistance. This means they can announce the need themselves, dress and undress themselves, wash hands and wear cloth underwear.

My child can use the bathroom independently: yes ___ no ___

My child is dry during the day. Check one: All the time. ___ Most of the time. ___

Number of daytime accidents in a week. _____

Is there anything you feel is pertinent to your child's biography that has not been covered above?

Do you have any questions or concerns you would like addressed?

Date _____ Parent Signature _____