



**RUDOLF  
STEINER  
SCHOOL**  
OF ANN ARBOR

Last Name \_\_\_\_\_

Today's Date \_\_\_\_\_

## Lower School Application Grades 1-8

**Thank you for filling out this form as completely as possible. The contents of this form are confidential and are for the exclusive use of the faculty that they may better address the specific education requirements of your child.**

**Grade applying for** \_\_\_\_\_

**School year:**  2018-19  2019-20

### Student Information

Student's full legal name \_\_\_\_\_ Birth date \_\_\_\_\_

Student's primary address \_\_\_\_\_

Gender Identity \_\_\_\_\_

School currently attending \_\_\_\_\_ Grade \_\_\_\_\_

Teacher or counselor's name \_\_\_\_\_ May we contact them? \_\_\_\_\_

School address \_\_\_\_\_

School telephone \_\_\_\_\_ School fax \_\_\_\_\_

### Parent/Guardian Information

#### Household 1

Student's parent or guardian \_\_\_\_\_

Home address \_\_\_\_\_

Phone: Cell \_\_\_\_\_ Home \_\_\_\_\_ Business \_\_\_\_\_

Email \_\_\_\_\_

Spouse/Partner name \_\_\_\_\_

Phone: Cell \_\_\_\_\_ Business \_\_\_\_\_

Email \_\_\_\_\_

#### Household 2 (if applicable)

Parent 2 or guardian \_\_\_\_\_

Home address \_\_\_\_\_

Phone: Cell \_\_\_\_\_ Home \_\_\_\_\_ Business \_\_\_\_\_

Email \_\_\_\_\_

Spouse/Partner name \_\_\_\_\_

Phone: Cell \_\_\_\_\_ Business \_\_\_\_\_

Email \_\_\_\_\_

**Sibling Information**

Name \_\_\_\_\_ Birth date \_\_\_\_\_

Name \_\_\_\_\_ Birth date \_\_\_\_\_

Name \_\_\_\_\_ Birth date \_\_\_\_\_

**Student Information**

What are your child's special interests? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child participate in private lessons or sports activities? Please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe your child's educational experience up to the present time: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How would you describe your child's social/emotional development? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What traits would you like to see strengthened in your child? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What responsibilities does your child have at home? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever sought counseling or professional evaluation of your child?  Yes  No.

If yes, please provide a copy of the results:

Date	Type of Evaluation
	Speech and language
	Referral for hearing evaluation
	Referral for vision testing
	Testing for learning disabilities
	Psychological evaluation and/or counseling
	Sensory and motor evaluation (OT and PT)

Is there anything else that you feel we should know about your child's development and needs?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

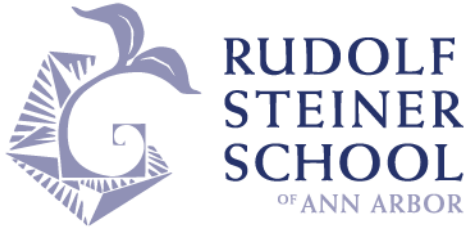
What do you hope to receive from our program for your child and family?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about our school? \_\_\_\_\_  
\_\_\_\_\_

**Fee: A \$60 nonrefundable processing fee must accompany this application. Please make your check payable to "RSSAA", memo "Lower School Application Fee."**

***Rudolf Steiner School of Ann Arbor admits students of any race, religion, national or ethnic origin.***

***Thank you!***



[steinerschool.org](http://steinerschool.org)

**LOWER SCHOOL**

2775 Newport Road  
Ann Arbor, MI 48103  
[info@steinerschool.org](mailto:info@steinerschool.org)  
ph 734.995.4141  
f 734.995.4383

**HIGH SCHOOL**

2230 Pontiac Trail  
Ann Arbor, MI 48105  
[hs@steinerschool.org](mailto:hs@steinerschool.org)  
ph 734.669.9394  
f 734.669.9396

## Teacher/Counselor Recommendation Form: (Grades 5-8 ONLY)

**Date:**

**Applicant's Name:**

**Applying for Grade:**

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Dear Educator:

The student named above has applied for admission to Rudolf Steiner School of Ann Arbor.

Please write a brief, descriptive statement regarding this student's academic and personal qualities. We are most concerned with the following:

- Any marked abilities or deficiencies in reading or writing
- Any marked abilities or deficiencies in mathematics
- The degree of care and form shown in the student's work
- The degree of self-direction the student demonstrates
- Consideration for and cooperation with others
- Involvement in school activities, and how they are handled,
- What helps this student to be successful?

You may of course comment on other qualities of this student.

Please don't feel you must write a full character sketch, but what you write will help the Admissions Committee in making a decision. Please mail or email your statement directly to me.

Thank you for your time and effort on behalf of this student.

Sincerely yours,

Peggy Wilson  
Lower School Coordinator  
[pwilson@steinerschool.org](mailto:pwilson@steinerschool.org)  
734-995-4141 ext 24.  
739-995-4383 fax



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## **Teacher/Counselor Recommendation Form: (Grades 5-8 ONLY)**

**Date:**

**Teacher/Counselor's Name:**

**Student's Name:**

**Please write a brief, descriptive statement below regarding this student's academic and personal qualities.**

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