



Application for Enrollment

Please complete this application and return it in a sealed envelope with your non-refundable application processing fee of \$75. Separate applications and fees are required for each child (multiple application fees may be paid with a single check). Included in this application are two emergency forms which will be required upon enrollment. If you foresee bringing your child with you during an interview or for a classroom visit prior to enrollment, please make sure to complete these forms. We will contact you as soon as we receive your application to complete the application process. Thank you!

Child's Full Name: _____

Birth Date: _____ Sex: _____

Application Date: _____ Applying for Grade: _____ Applying for School Year: _____

Family Information:

Parent #1 Name _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email Address: _____

Address: _____

City, State Zip Code: _____

Employer/Occupation: _____

Parent #2 Name _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email Address: _____

Address: _____

City, State Zip Code: _____

Employer/Occupation: _____

Have you previously applied for admission to Swallowtail School for this child? If yes, when? _____

Is there another child in your family currently or formerly attending Swallowtail School? Yes No

If yes, please list their name(s): _____

Is there another child in your family applying for Swallowtail School? Yes No

If yes, please list their name(s) and grade(s): _____

6. Has your child ever been evaluated for special needs? If the answer is yes, please describe why, where, when and what tests were administered. Please bring the results of any testing to the Parent Interview.

7. What do you consider to be your child's strengths? What would you wish to see strengthened?

8. Please note details about your child which would be helpful to the teachers. Things to describe are special interests and abilities, physical characteristics, any behavior, medical or emotional problems to overcome. If you are transferring your child from another school, you may wish to include your reasons for doing so.

9. What are your hopes and plans for your child's future?

10. How did you learn about Swallowtail School?

11. Which of the following have you attended:

- | | | |
|-----------------------------|----------------------|-------------------------|
| Waldorf Experience Workshop | Parent/Child Class | 5k Race |
| Puppet Show | Summer Camp | Open Houses |
| Harvest Faire | Wine Tasting Benefit | School Tour |
| Farmer's Market | Summer Carnival | Other (please explain): |

12. Do you wish to apply for Financial Aid? Yes _____ No _____

Parent's Name (please print) *Parent's Signature* *Date*

Parent's Name (please print) *Parent's Signature* *Date*

Please submit this application and a check for \$75.00 payable to "Swallowtail School" with "Application Fee" written in the memo field to: **Swallowtail School • P.O. Box 3753 • Hillsboro, OR 97123**

Notice of NON-DISCRIMINATION POLICY

Swallowtail School, Inc. admits students of any race, color, national and ethnic origin to all the rights privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

Emergency and Medical Information

Child's Name: _____ Date of Birth: _____ 2009-2010 Grade: _____

Does your child have any allergies of which we should be aware? _____

Does your child have any dietary needs or restrictions? _____

Please list any medications your child takes on a regular basis: _____

In Case of Emergency, First Call:

1. Name: _____ Relationship: _____ Phone: _____

2. Name: _____ Relationship: _____ Phone: _____

Parent/Guardian #1:

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Parent/Guardian #2:

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Additional persons who can be called in an emergency if parents cannot be reached:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Physician: _____ Office Phone: _____

Address: _____

Medical Insurance Carrier: _____

Group Number: _____ ID Number: _____

If physician cannot be reached, the school should (check one): Call the nearest emergency hospital Other

If other, please specify: _____

I grant permission to call an ambulance to transport my child if necessary (please initial): _____

I certify that this information is true and correct. I agree to inform Swallowtail School of any changes to my child's medication(s). If my child requires medication to be taken at school, I agree to provide a written note to the school which lists the medication(s) and dosage(s) and give my permission for the medication to be taken at school.

Signature of parent or guardian: _____ Date: _____

Release Form

Child's Name: _____ 2009-1010 Grade: _____

Field Trip Release

I hereby grant permission for my child to participate in field trips while attending Swallowtail School. Should it be necessary for my child to have medical treatment while participating in field trips or other school activities, I hereby give the school personnel permission to use their judgment in obtaining medical services for my child, and I give permission to the physician selected by the school personnel to render medical treatment deemed necessary and appropriate by the physician. I agree that in the event my child is injured as a result of his or her participating in school activities (including transportation to and from such activities) any resulting hospital, medical, or related costs will be my responsibility and will be paid by me or by my accident or medical insurance or by any available benefit plan. **Initial after reading this section** _____

Emergency Release

I grant permission for Swallowtail School to release my child to any person indicated on the transportation information form in the event of school closure due to weather, fire, earthquake, or other emergency event. **Initial after reading this section** _____

I grant permission for Swallowtail School to release my child to take public transportation or walk home on their own in the case of school closure due to weather, fire, earthquake, or other emergency event.

Initial after reading this section _____

First Aid

I hereby grant permission to the faculty and/or staff of Swallowtail School to administer first aid to my child as may be indicated. **Initial after reading this section** _____

Photo Release

I hereby grant permission for Swallowtail School to use, reproduce, assign, and/or distribute artwork, photographs, films videotapes, sound recordings, and other media presentations for school publications and advertising. **Initial after reading this section** _____

Transportation

Please initial all of the following which apply to your child:

_____ The above named child is allowed to ride to and from school with any teacher employed by Swallowtail School in the 2008-09 school year.

_____ The above named child is allowed to ride to and from school with any parent of a child currently enrolled at Swallowtail School.

_____ I will provide a written note advising my child's classroom teacher of my child's transportation schedule. My child will not be allowed to deviate from that schedule without my written consent.

_____ The above named child is allowed to ride to and from school with the following people:

Additional notes from parents: _____

I have read this document and agree to all sections which are initialed.

Signature of Parent/Guardian: _____

Date: _____