

Shining Star Waldorf School Application to Enroll

2120 NE Tillamook St. Portland, Or 97212 / 503-753-4459 / www.shiningstarschool.com

Name of Student _____ Date of Birth _____

Desired Start Date _____

Hummingbird Preschool Lindentree Kindergarten Grade _____

Prior Schooling: _____

Previous school name/s and location: _____

Are you concurrently applying to another school? (Which ones):

Parent Name: _____

Employer: _____ Position: _____

Email: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Home Address: _____ City: _____ Zip: _____

Parent Name: _____

Employer: _____ Position: _____

Email: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Home Address: _____ City: _____ Zip: _____

Upon completion of this form, **please mail to Shining Star Office with \$50. Non-refundable application fee. 2120 NE Tillamook St. Portland, Or 97212** Make checks payable to Shining Star. You will be contacted once your application has been processed. At that point the appropriate teacher in your child's grade will contact you.

Shining Star WS does not discriminate upon the basis of race, color, religion, national or ethnic origin, gender, marital status, disability, veteran status, age, sexual orientation, or any other status protected by federal, state or local law in any of its programs or administration.

How did you hear about us?

For office use only:

Date received: _____ Contact date: _____ By: _____

Status: _____

Amount Received: _____ Check #: _____

