



LITTLE EARTH SCHOOL

FOUNDED 1978

APPLICATION FOR ENROLLMENT

We at Little Earth School appreciate that going to school for the first time, or changing schools, is a major experience for children and oftentimes for their parents as well. We require all of the information requested below in order that we may best serve your child. By all means do add anything you feel important and meaningful to you and your child, either on this form or by attachment. The information you provide will be kept confidential.

Please return your completed application, including the applicable Release of Records Authorization Form(s), with your \$35.00 application fee to the Little Earth School office. The application fee will be waived for families receiving financial aid.

Child's name: _____
(Last) (First) (Middle)

Any name child prefers to be called or is called other than given name:

Address: _____ Zip _____

Age: _____ Birth date: _____ Sex: _____

Applying for admission to the _____ classroom in _____ school year

Bunny Classroom: Full time _____ Part time _____ 3 days/wk _____ 4 days/wk _____

We are interested in knowing how much you may have moved around, how long you lived in each place, and whether, in your opinion, any of this would have an effect on how your child might cope with new situations. So, please tell us your child's birthplace and any other relevant information about the above.

How long have you lived in Santa Fe? _____

Why did you move here? _____

Information About Parents and/or Guardians

Mother/Coparent or Guardian:

Name: _____

Home address: _____

_____ Zip _____

Home phone: _____

Business phone: _____

Cell phone: _____

Email: _____

Occupation/Vocation/Avocation:

Employer/business name:

Special talents/interests; what might you be willing to share with the school/classroom?

Father/Coparent or Guardian:

Name: _____

Home address: _____

_____ Zip _____

Home phone: _____

Business phone: _____

Cell phone: _____

Email: _____

Occupation/Vocation/Avocation:

Employer/business name:

Special talents/interests; what might you be willing to share with the school/classroom?

Family Information

Please list child's siblings, their ages, and their surnames (if different from child's), along with names of schools each attends:

Who lives at home with your child? _____

In the case of multiple households, please indicate how much time your child spends with each parent/guardian: _____

Please describe how your child handles the transition between households:

Is there joint custody? _____ Is this agreeable to all? _____

Culture and Traditions

We want to be sensitive to and acknowledge each child's cultural and ethnic background. We know that families pass their cultures on to their children. We would like to know that we could call upon parents as resources for sharing cultures and traditions.

What is your family's ethnic or cultural background? _____

With which cultural or ethnic group does your family identify? _____

Does your child self-identify as such? _____

Please share any additional information regarding your answers to the previous questions which you think would be helpful for teachers to know.

Would you be willing to share any of your family's traditions, history, music, ways of celebrating holidays with your child's class?

If so, please describe. _____

What languages are spoken in your home? _____

With your extended family? _____

What languages does your child speak? _____

With what degree of fluency? _____

Information Regarding Child's Health

Please describe your child's general health. Does s/he have any special problems, such as visual, auditory, muscular, allergies, or other? Is your child taking any medication(s)? _____

Does your child have any sleeping difficulties, eating difficulties, or suffer from any frequent physical upsets? If so, please describe: _____

How does your child respond to illness and injury? (i.e., makes light of it, ignores it, anxious about it, etc.): _____

Please describe any serious accidents your child has had and child's age at the time: _____

Please describe any surgeries or hospitalizations your child has had and child's age at the time:

Please describe any major traumas in your child's life, such as deaths, separations, economic crises or any other such situation. Please list child's age at the time of such occurrence: _____

Please describe any ways by which you manage/supervise your child's behavior to which s/he responds more negatively or positively (such as persuasion, rewards, talking, no discussion, physical removal, etc.): _____

How do you discipline your child? _____

Are both parents/guardians in agreement as to these methods? _____

If not, please explain any areas of disagreement: _____

Are these methods working favorably for you, your child, child's siblings? _____

How does your child feel about him/herself? (For example, regarding his/her abilities, physical appearance, possessions, etc.): _____

Does your child feel liked by others (parents, teachers, and other children, for example)?

What are your child's favorite activities, special interests and talents? Any special dislikes?

How does s/he like to spend free time?

Is s/he easily encouraged, discouraged, motivated, etc.? How? _____

How does your child relax or soothe him/herself? _____

What are you child's special needs, including any behavior problems? Please describe these needs and how you are addressing them: _____

Has your child ever received, or is your child currently receiving, professional support, including but not limited to occupational therapy or speech/language therapy, psychological or other counseling, testing or tutoring? If yes, please describe, including when such services were provided, the issue addressed, and the names and telephone numbers of those professionals who provided the services.

Child's Previous Educational Experience

Please list the schools your child has attended and at what ages. Please include the reasons for leaving any previous schools. Did your child like the teachers and other children? Did you?

Has your child ever repeated or skipped a grade? Please describe the circumstances.

How did you learn about Little Earth School? _____

What would you like Little Earth School to do for your child? _____

What would you like Little Earth School to do for you? _____

Is there anything else you would like to tell us about your child or your family? _____

Little Earth School is able to meet the educational needs, including many special needs, of our students when there is a high level of cooperation between staff, parents, and if necessary, a child's therapist(s). Our staff are extraordinarily dedicated to meeting the needs of each child; however, we require parents to reciprocate by working closely and cooperatively with staff when issues arise.

By signing this Application for Enrollment I(we) recognize and accept my(our) parental responsibility to work cooperatively with Little Earth School staff to address any issues or difficulties my(our) child may have in school.

Signature: _____ Date: _____

Signature: _____ Date: _____

Financial Aid is available for families in need of tuition assistance. To apply for financial assistance parents must complete a financial aid application. Applications are available in March; awards are made in May for the coming school year.

Non-Discrimination: Little Earth School does not discriminate on the basis of age, gener, sexual orientation, race color, religion or national or ethnic origin in the administration of its admission policies, educational policies, hiring practices, financial aid or other school administered programs.



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www.littleearthschool.org