



# The Hartsbrook School

A Waldorf School in the Pioneer Valley  
 193 Bay Road Hadley MA 01035  
 413 584-3198 admissions@hartsbrook.org

**Instructions for parents:** Please use this form to tell us about your son or daughter and return it in the envelope provided to High School Admissions, The Hartsbrook School 193 Bay Road, Hadley, MA 01035.

**Applicant's name** \_\_\_\_\_  male  female  
first middle last

**Applying for grade** \_\_\_\_\_ **Birth date:** \_\_\_\_\_

**Home address** \_\_\_\_\_  
street address

\_\_\_\_\_ city state zip

( ) \_\_\_\_\_ telephone student email

**Present school** \_\_\_\_\_

**School address** \_\_\_\_\_  
street address

\_\_\_\_\_ city state zip

### Family information

**Father's name**  Dr.  Mr. \_\_\_\_\_  
first middle last

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

\_\_\_\_\_ city state zip

( ) \_\_\_\_\_ ( ) \_\_\_\_\_ daytime telephone home telephone father's email

**Occupation** \_\_\_\_\_  
title name of business

**Mother's name**  Dr.  Mrs.  Ms. \_\_\_\_\_  
first middle last

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

\_\_\_\_\_ city state zip

( ) \_\_\_\_\_ ( ) \_\_\_\_\_ daytime telephone home telephone mother's email

**Occupation** \_\_\_\_\_  
title name of business



2. Are there any experiences that have influenced your son or daughter that we should be aware of?

3. Has your son or daughter experienced any social or academic difficulties? If so, please explain.

4. Has your son or daughter experienced any psychological difficulties?

5. Has your son or daughter had educational and/or psychological testing? If so, please list below giving the purpose of the testing and the year administered. It is our policy to request the results of such testing.

*Continued over..*

6. Is your child taking any medications? If so, please include here the name of the medication and the reason(s) for taking it.

7. Your additional thoughts and comments are welcome.

**Financial Aid**

Do you intend to apply for financial aid?     Yes     No

If yes, please phone the business office at 413-586-1908 to request a financial aid form.

**Signatures**

*We certify that the information presented in this application is accurate, complete, and honestly presented.*

Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

A non-refundable application fee of \$40 must accompany this application.

***The Hartsbrook School does not discriminate on the basis of race, religion, sexual orientation, ethnic or national origin in its admissions, tuition assistance, or educational policies.***

*Please mail this form directly to High School Admissions, The Hartsbrook School, 193 Bay Road, Hadley, MA 01035*