



INITIAL FAMILY INTERVIEW

Welcome to the Woodlands Forest School admission process. We're grateful for the opportunity to contribute to your child's development and your family's journey. Please complete the interview using the provided format. Your responses are crucial for your child's well-being, and we assure you that all information shared will be treated with the utmost care and confidentiality. Thank you for your time and attention to this important document. If you have any questions about the information needed, please don't hesitate to contact us.

STUDENT INFORMATION

Name:

Place and date of birth:

Nationality(ies):

Age:

Gender: Female Male

Blood type / RH factor:

Current address:

City:

Home phone:

Grade you wish to enter:

Current grade:

School of origin (name, city and telephone):

School Life:

Does your child like to attend school?

Yes No

How has your school performance been?

Have you had any behavior problems at school?

Yes No

Please specify

Have you had any academic difficulty?

Yes No

If yes, how was the situation addressed?



School Life:

At what age did your child enter school?

Names of schools attended:

Please specify

Has your child repeated a grade?

Yes

No

If yes, please specify which and why.

BIO

Please write a short biography highlighting the most important aspects of your child's growth and development chronologically from pregnancy and childbirth to the present. Please include important events that you believe have been determinants of your child's overall development.



HEALTH AND NUTRITION OVERVIEW

Birth weight and height

If breastfed, how long?

At what age did his/her first tooth appear?

At what age did he/she taste your first food and what was it?

At what age did he/she crawl?

At what age did he/she walk?

At what age did he/she pronounce your first words?

At what age was he/she potty trained?

If he/she sucked the thumb, did you use a pacifier, any other related habit?

Did he/she receive any vaccinations? What vaccinations? Any reactions?

At what age did your first tooth fall out and, if so, how many have fallen out so far?

Has he/she had any interruptions in development?

Yes No

Which ones?

Motor Language Sensory Behavioral Emotional Medical Food

Does he/she have or have you ever had a serious illness?

Yes No

Which one?

Does he/she take any medications?

Yes No

Which one?



HEALTH AND NUTRITION OVERVIEW

Has he/she received any type of therapy?

Yes No

For what reason?

Who suggested this therapy? (school, doctor, parents, etc.)

What was the diagnosis? (Please attach study, diagnosis and therapeutic advances)

Why did you stop therapy?

What are the usual meal times?

Which foods he/she prefers and which ones he/she dislikes?

Do you have an allergy to any food or medicine?

Yes No

Which one?

Does he/she follow any specific diet?

Yes No

How many hours does he/she sleep?

Does he/she wake up easily?

How does he/she wake up in the morning, in a good mood or tired?

INFORMATION ON THE FAMILY AND SOCIAL ENVIRONMENT

Mother's full name:

Place and date of birth:

Age:



INFORMATION ON THE FAMILY AND SOCIAL ENVIRONMENT

Contact phone number:

Email(s):

Activities you enjoy outside the work environment:

Father's full name:

Place and date of birth:

Age:

Contact phone number:

Email(s):

Activities you enjoy outside the work environment:

Please make a short description of the following information:

Current status of the couple (living together or separated, if separated, in which city each lives and with whom the child lives)

[Large green rounded rectangular area for text input]

Occupation of the parents: activity they carry out, timetable and company.

Mom: _____

Dad: _____

What is the family structure and what is the family dynamic (hobbies, free time activities, afternoon classes, pets, etc.)?

[Large green rounded rectangular area for text input]



If other people live at home with the child, please give us their name, relationship and age:

If the child has siblings who do not live at home with him/her, please indicate their names, ages, schools or work activities and cities of residence.

Do the grandparents live near or far, what kind of relationship they have with their children (parents) and grandchildren (children).

What do you enjoy most about being a mother/father, which activity causes you the most difficulty in your maternal/paternal work?

Mother: _____

Dad: _____

Do you belong to any group, congregation or religion? Which one?

What meaning, if any, do you give to the spiritual life?



What are the festivities or traditions that are part of your family celebrations?

Which outdoor activities are the ones you enjoy most with your family.

What role do television, radio, cell phones, electronic games, computers, and the Internet play in your family's daily life?

What genres of music are heard at home?

Does your child play a musical instrument?

Yes No

Which one?

Do you have pets? What kind(s)? How do they fit into the family?



How do you place limits on your child? Who is in charge of this function?

How does your child respond to the limits of authority?

Briefly describe your child's daily routine:

Please describe your child as objectively as possible:

How did you hear about us?

Do you know of any families within our school?



Why are you considering Woodlands Forest School for your child?

What are your expectations of Woodlands Forest School?

Do you understand Waldorf pedagogy? Why do you consider it a good option for your child?

Which pedagogical topics interest you most and which are more complex or inaccessible to you?

By what means do you prefer communication with us: Whatsapp, email, phone call, personal meeting?

Is there anything special that you are concerned about or would like to comment on that could help us in this educational work that we started together?



INITIAL FAMILY INTERVIEW



I notify Woodlands Forest School Initiative that:

- All the information contained in this application is complete and true.
- As a family, we know the commitment of belonging to this school community.

Parent Signature

Date