

**If your child is currently in Grade 1-8, please sign this form and return with your application**

Whidbey Island Waldorf School  
P.O. Box 469  
Clinton, WA 98236  
P: 360-341-5686  
F: 360-341-5689  
[enrollment@whidbey.com](mailto:enrollment@whidbey.com)

Date: \_\_\_\_\_

To: \_\_\_\_\_

Fax: \_\_\_\_\_

From: Whidbey Island Waldorf School

Re: Student Records

**Name of Student**

\_\_\_\_\_

*Last* *First* *Middle Initial*

**Birthdate** (*month, day, year*)

\_\_\_\_\_

**Parent Signature**

\_\_\_\_\_

*Name* *Date*

Please mail or fax all student records for this student to the Whidbey Island Waldorf School within two weeks of receipt of this request.

Thank you!

