

High School Admissions, Continuous Enrollment and Tuition Assistance Calendar

October 2020	 2021-22 Application for Admission and Tuition Assistance (TA) Forms and Information Available. 					
	RETURNING FAMILIES TO HWHS					
January 2021	 Continuous enrollment documents mailed to current HWS families. 					
February 22, 2021	 Tuition Assistance application deadline for returning families first round consideration. 					
	Please submit the Parent's Financial Statement (PFS), your 2020 Federal Income Tax forms (Form 1040) with Schedules, and W-2 forms online to SSS by this deadline.					
	Questions regarding the Tuition Assistance procedures or status of an award should be directed to HWS Business Office, at 808.878.2511, extension 12.					
March 17, 2021	Tuition Assistance Awards from the first round are mailed to re-enrolling HWHS families.					
April 2021	• Tuition Collection for Payment Plan 2 begins. Tuition Deposit (\$2,000) for Plan 1 is due April 24, 2021.					
	FAMILIES NEW TO HWHS					
Fall 2020- Winter 2021	 Interviews conducted with applicants who have submitted a complete Application for Admission and all supporting documents. 					
February 15, 2021	• Enrollment Application deadline for first round acceptance consideration.					
	Subsequent applicants will be considered and processed only as space allows.					
	Partially completed applications will not be considered.					
March 1, 2021	 Tuition Assistance applications due for NEW families (for first round consideration). Go to School and Student Services (SSS) web site: www.solutionsbysss.com/parents Follow the links to apply and be sure to enter the HWS school code: 3645 					
April 10, 2021	• Enrollment Decisions and Tuition Assistance Award notifications mailed to NEW families.					
April 24, 2021	• Enrollment Forms, Continuous Enrollment Contract, Non-Refundable Deposit (\$2,000) are due					
	for all new students. Applicable TRP will be added to the first FACTS Payment.					
	(TRP is required to participate in the FACTS payment program)					
May 2021	Tuition Collection for Payment Plan 2 begins.					
	ALL FAMILIES					

July 1, 2021 •	Tuition to be Paid in Full for all Payment Plan 1	Continuous Enrollment Contracts.
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HALEAKALA WALDORF HIGH SCHOOL TUITION RATES 2021-22

			NON-REFUNDABLE
GRADE	PROGRAM	TUITION	DEPOSIT
GRADES 9-12 *	(8:30 to 3:15 pm)	\$18,600.	\$2,000.

* EARLY RELEASE FRIDAYS - all classes dismiss early on Fridays at 1:40 pm.

DEPOSIT AND FEES SCHEDULE

New Students: \$2,000. due 4/24/2021

TUITION RECOVERY PROTECTION The Tuition Recovery Protection (TRP) protects a family who withdraws during the school year by covering 60% of the unrealized tuition.

TRP is required for families paying on a payment Plan 2 and is optional for families paying in full before school starts (Plan 1).

PAYMENT SCHEDULE

PLAN 1	Deposit is due by April 24th and Payment in full (less deposit) due by July 1, 2021. TRP is optional.
PLAN 2	New Students: Monthly payments (less deposit) beginning May 2021. TRP of \$521. is required.
	Returning Students: Monthly payments (less deposit beginning in April 2021, TRP of \$521, is required.



Application for High School Admission 2021-22

In accordance with our aim to provide an education which develops a child's full human potential, it is the intention and policy of the school to welcome students from the broadest possible range of social, economic, and cultural backgrounds.

HWS admits students of any race, sex, color, national and ethnic origin, religion, or sexual orientation to the School, and provides to each student all of the rights, privileges, programs, and activities generally accorded or made available to students at HWS. It does not discriminate on the basis of race, sex, sexual orientation, gender identity, age, religion, color, national origin, ancestry, disability, marital status, military service, genetic information, or any other category protected under federal or Hawai'i law in the administration of its educational policies, employment policies, admissions policies, scholarship and loan programs, and athletic and other HWS-administered programs.

Please submit the following items:

- All information requested on the application form.
- A copy of applicant's birth certificate.
- □ A current photo of applicant.
- □ Copies of transcripts, narratives, or report cards for **all** previous years of school attended. Please use the enclosed *Consent for Release of Information Form* to request this from your child's current school.
- Math Teacher Letter of Reference
- English Teacher Letter of Reference
- Derofessional Letter of Reference from teacher or school administrator.
- **Optional sample of work that represents the applicant's artistic or academic achievement.**

Please do not submit original works. HWHS will not be held responsible for lost or damaged items.

□ \$75 non-refundable application fee.

Our Enrollment Coordinator will contact you to arrange an entrance assessment interview once all documentation is received.

Applicant Information		
Applicant's full name	Birth date	🗖 Male 📮 Female
Applicant's Primary address		
City, State, Zip		
Applying for grade for the	academic year -	
Place of Birth/State Country of I	Birth, if other than U.S.	# Years in U.S.
U.S. Citizen 📮 Yes 📮 No If not a U.S. Citizen, please indicate status: 🖵 Ir	nmigrant 🛛 Refugee 🖵 Non-immigrant 🗆	U.S. national (Samoa etc.)
We strive to create a diverse population of students and families. The quest selves if they wish to: Student is African-American Asian Aleutian/Native American Indian		
□ Pacific Islander □ Other:		
Applicant's Parent/Guardian 1	Applicant's Parent/Guardian 2	
Parent/Guardian Name	Parent/Guardian Name	
Relationship to Applicant	Relationship to Applicant	
Mailing Address	Mailing Address	
City, State, Zip	City, State, Zip	
Email Address	Email Address	
Home Telephone	Home Telephone	
Mobile Phone	Mobile Phone	
Work Phone	Work Phone	
Occupation	Occupation	
Employer	Employer	
Spouse/Partner Name	Spouse/Partner Name	
Relationship to Applicant	Relationship to Applicant	
Mobile Phone	Mobile Phone	
Work Phone	Work Phone	
Occupation	Occupation	
Employer	Employer	
Applicant's parents are: (Please check all that apply) Married Separated Divorced Single parent Other: Is there a custody arrangement or court order in force regarding the child?	Yes 🗋 No 🗋 If yes, please provide cust	odial/court documents.
If parents are separated or divorced, who has legal custody?		
To complete application process, please provide documentation of current Will you be applying for Tuition Assistance? Yes http://sssbynais.org/	No 🗖	
Are you interested in learning more about our Diversity Scholarship? Yes		at http://sssbynais.org/ No 🖵
Please list responsible parties for applicants school tuition and ot	-	
Name Relation	nship to Applicant	
Address City, Sta	ite, Zip	

Name	Relationship to Applicant
Address	City, State, Zip
Home Phone	Email

Please list all additional members of applicants household:

Name	Age	Relationship to Applicant
Name	Age	Relationship to Applicant
Name	Age	Relationship to Applicant
Name	Age	Relationship to Applicant

Schools applicant has attended:

Name of School	Address (City, State, Zip)	Attendance Dates	Grade(s)
Name of School	Address (City, State, Zip)	Attendance Dates	Grade(s)
Name of School	Address (City, State, Zip)	Attendance Dates	Grade(s)
Name of School	Address (City, State, Zip)	Attendance Dates	Grade(s)

Special Considerations (leaving any question unanswered may delay your application)

Does the student have identified learning differences? 🔲 Yes 🔲 No

If yes, please address the following:

- Has an IEP or 504 plan ever been completed? 🔲 Yes 🔲 No
- Attach documentation of diagnosis and recommendations for school interventions and accommodations (prior school plan and/or learning assessment by an educational psychologist). Please list accommodations the student is currently receiving in school (formal or informal) if these are not described in any other documentation.

Does the student have significant behavioral or emotional problems? \Box Yes \Box No If yes, please attach an explanation of the circumstances.

Has the student had a DSM-based diagnosis? Yes No If yes, please attach an explanation of the circumstances and documentation.

Has the student ever left a school or other educational program for reasons other than graduation or family relocation? Tes Is No If yes, please attach an explanation of the circumstances.

Has the student undergone treatment for substance abuse? \Box Yes \Box No If yes, please attach an explanation of the circumstances and documentation of any treatment received.

Parent/Guardian Narrative

Please attach the answers to the following questions on an additional sheet.

1) Please describe your interest in Waldorf education and your reasons for applying the Haleakalā Waldorf School.

2) Please write a biography of the applicant, including your thoughts on significant events in your child's life, their strengths and weaknesses, and specific examples that exemplify their character. Please include anything you think is important for us to know about your child.

How did you first learn about HWHS?

Student Questionnaire

The following questions are to be completed by the prospective student.

What subjects do you enjoy the most?

What subjects do you enjoy the least?

Please list the school activities in which you participate. (clubs, teams, orchestra, etc.)

Please list activities outside school in which you participate. (hobbies, lessons, community service, etc.)

What, if any, musical instruments do you play?

What, if any, foreign languages do you speak?

What do you consider your greatest strengths and challenges as a student? (Attach additional sheet if needed)

What do you consider your greatest strengths and challenges as a person? (Attach additional sheets if needed)

Student signature:

Date:

Date:

Signature of parent or guardian:

Please enclose a non-refundable fee of \$75 payable to Haleakalā Waldorf School with this application.



Name of Student:_

_Applicant to grade: ___

English Teacher Recommendation

2021-22

The student named above is applying to Haleakalā Waldorf High School. A full report from the applicant's present school is necessary if he or she is to be given consideration for admission. Our ability to effectively evaluate this student is helped considerably by your timely and candid insights. All information that you furnish will be kept confidential to the extent the law allows and will not be retained as a part of the student's permanent record. On behalf of this student, we thank you for your cooperation.

Please complete this recommendation in black ink. Retain the original for your files and send a photocopy directly to HWHS.

Your name:		Title:
School:		
Address:	City:	State:Zip:
How long have you known the student?		
Student/Teacher ratio in your classroom:		
Please provide three words that best describe this	s student:	
COURSE DESCRIPTION		
Course title:		
Is this course sectioned according to ability? If yes applicant.	s, please describe how course is sec	tioned and note the placement of the
□Yes □No		
How often does the class meet?		
What text is used?		
Please estimate the percentage of time spent in t	he following areas:	
Reading/literature	Vocabulary developr	nent/spelling
Grammar	Writing skills	

The items below ask for your sense of this student's emotional and social growth, intellectual development, and relationships within the school community. Please evaluate the student in the following areas by placing a check in the appropriate column.

ACADEMIC QUALITIES

	Outstanding	Excellent	Good	Average	Needs Suppor	rt Comments
Attitude towards subject						
Initiative						
Academic performance						
Academic ability						
Ability to reason abstractly						
Ability to think logically						
Oral expression						
Written expression						
Reading comprehension						
Creativity and imagination						
Organizational ability						
Motivation						
Willingness to take intellectual risks						
Perseverance and thoroughness						
Ability to work in a group						
Ability to work independently						
Seeks help when needed						
Class participation						
Study habits						

PERSONAL QUALITIES

	Outstanding	Excellent	Good	Average	Needs Support	Comments
Honesty/integrity						
Self-esteem						
Self-discipline						
Receptivity to others' ideas						
Leadership						
Peer compatibility						
Relationship with teacher(s)						
Sensitivity to others' feelings						
Responsibility						
Reaction to setbacks						
Maturity (relative to age)						
Sense of humor						

What are the applicant's stren	aths?
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As a student? ______ As a person? _____ In which areas does this applicant need improvement? As a student? _____ As a person? _____ Does the student attend class regularly? QYes No Is there a problem with tardiness? QYes No If yes, please explain _____

To the best of	vour knowledae.	if the student handed	in a paper late it would	probabl	y be because the student:
	,				,

procrastinates	strives for perfection of expression	Iost the rough draft
□ has lots of other activities	does not apply; student's work is never late	□ other, please explain
How well does the student a	ccept advice or criticism?	
Which words best describe th	ne student's thinking? 🗖 Independent 🗖 Creative	Imitative Other
Does this student have any p	articular interests or affinities you would like to sl	nare with us?
Is there any additional inform	nation that would be helpful to us in our evaluatio	on of this applicant?

PARENT/SCHOOL RELATIONSHIP

Parents are an important part of our relationship with the student. To the best of your knowledge and with careful consideration to accuracy, please share with us any thoughts you have regarding this applicant's family, including their involvement in your school.

To your knowledge, is the parents' perception of their child compatible with the school's understanding of the child? Please comment.

If we have additional questions, may we contact you? Yes No If yes, phone number:Email:	Are you aware of any family circumstances that affect the student's life at school?	
Additional comments:		
Signature:Date		
Signature:Date	Additional comments:	
Signature: Date:		
If we have additional questions, may we contact you? Yes No If yes, phone number:EmailEmailEmailEmailEmailEmailEmailEmail		
If yes, phone number:Email:	Signature:	Date:
If yes, phone number:Email:		
Thank you for your time and the helpful information you have provided. Please mail this form to:	If we have additional questions, may we contact you? □Yes □No	
Thank you for your time and the helpful information you have provided. Please mail this form to:		
Please mail this form to:	If yes, phone number:Email:_Email:_	
Please mail this form to:		
	Thank you for your time and the helpful information you have provided.	
Haleakalā Waldorf High School, 4160 Lower Kula Road, Kula, HI 96790	Please mail this form to:	
	Haleakalā Waldorf High School, 4160 Lower Kula Road, Kula, HI 96790	



Mathematics Teacher Recommendation 2021-22

4160 Lower Kula Road Kula, HI 96790 Tel: (808) 878-2511 Fax: (808) 878-3341 info@waldorfmaui.org www.waldorfmaui.org Dear Teachers,

Please feel free to attach a separate letter of recommendation in lieu of filling out this form. Thank you for your time and consideration.

Name of Student:_

Applicant to grade: _____

The student named above is applying to Haleakalā Waldorf High School. A full report from the applicant's present school is necessary if he or she is to be given consideration for admission. Our ability to effectively evaluate this student is helped considerably by your timely and candid insights. All information that you furnish will be kept confidential to the extent the law allows and will not be retained as a part of the student's permanent record. On behalf of this student, we thank you for your cooperation.

Please complete this recommendation in black ink. Retain the original for your files and send a photocopy directly to HWHS.

Your name:		Title:	
School:			
Address:	City:	State:	Zip:
How long have you known the student?			
Student/Teacher ratio in your classroom:			
Please provide three words that best describe this student:			
COURSE DESCRIPTION			
Course title:			
Is this course sectioned according to ability? If yes, please d applicant.	lescribe how course is sectioned and no	te the place	ment of the
□Yes □No			
How often does the class meet?			
What text is used?			
What is the student's grade average?			
What would be the next course recommended for this stud	lent?		

The items below ask for your sense of this student's emotional and social growth, intellectual development, and relationships within the school community. Please evaluate the student in the following areas by placing a check in the appropriate column.

ACADEMIC QUALITIES

	Outstanding	Excellent	Good	Average	Needs Suppor	rt Comments
Attitude towards subject						
Intellectual curiosity						
Initiative						
Academic performance						
Academic ability						
Ability to reason abstractly						
Ability to think logically						
Math competency						
Creativity and imagination						
Organizational ability						
Motivation						
Willingness to take intellectual risks						
Perseverance and thoroughness						
Ability to work in a group						
Ability to work independently						
Seeks help when needed						
Class participation						
Study habits						

PERSONAL QUALITIES

	Outstanding	Excellent	Good	Average	Needs Support	rt Comments
Honesty/integrity						
Self-esteem						
Self-discipline						
Receptivity to others' ideas						
Leadership						
Peer compatibility						
Relationship with teacher(s)						
Sensitivity to others' feelings						
Responsibility						
Reaction to setbacks						
Maturity (relative to age)						
Sense of humor						

What are the applicant's strengths?

As a student?	
As a person?	
In which areas does this applicant need improvement?	
As a student?	
As a person?	
Does the student attend class regularly? Pyes No	Is there a problem with tardiness? \Box Yes \Box No
If yes, please explain	

To the best of your knowledge	ge, if the student missed a problem, i	t would have been caused by:		
lack of effort	misreading a question	carelessness		
problem too difficult	$\hfill\square$ rarely an issue with this student	other, please explain		
How well does the student a	ccept advice or criticism?			
Which words best describe th	he student's thinking? 🗖 Independer	nt 🗆 Creative 🗆 Imitative 🗆 Other		
Does this student have any particular interests or affinities you would like to share with us?				
Is there any additional information that would be helpful to us in our evaluation of this applicant?				

PARENT/SCHOOL RELATIONSHIP

Parents are an important part of our relationship with the student. To the best of your knowledge and with careful consideration to accuracy, please share with us any thoughts you have regarding this applicant's family, including their involvement in your school.

To your knowledge, is the parents' perception of their child compatible with the school's understanding of the child? Please comment.

Are you aware of any family circumstances that affect the student's	life at school?
Additional comments:	
Additional comments:	
Signature:	Date:
If we have additional questions, may we contact you? \Box Yes \Box No	
If yes, phone number:	_Email:
Thank you for your time and the helpful information you have p	provided.
Please mail this form to:	
Haleakalā Waldorf High School, 4160 Lower Kula Road, Kula, HI 967	90





Please complete this portion, sign and return with your Application for Admission.

Student Name:	Present Grade:
Parent(s) Name(s):	
Signature of Parent or Guardian:	Date:
Records requested from:	
School Name:	
School Contact Person:	
Address:	
Phone:	Fax:
Email:	

For office use only

Dear Registrar/School Official,

Above named student is enrolling at Haleakalā Waldorf School.

Please forward complete permanent file (including all academic records, report cards, health records, special testing, etc.) to Haleakalā Waldorf School, 4160 Lower Kula Road, Kula, HI 96790.

Above named student is applying for admission to Haleakalā Waldorf School.

Please forward a copy of student's academic record to Haleakalā Waldorf School, 4160 Lower Kula Road, Kula, HI 96790.

To the School Business Mana	ager (if applicable):			
Has this family met their fina Business Manager Name	ncial responsibility to your school?	Yes	No	
Phone Number	Email			
HWS Registrar:	D	ate:		

Thank for your immediate attention to this request.