Waldorf Institute of Southeastern Michigan

Continuing Education
Class Registration Form

Student Contact Information

Name: _____

Address: _____

Phone: _____

Email: _____

Background: Please indicate any that apply

Southeastern Michigan Waldorf School Employment? I work at the:

Detroit Waldorf School

Oakland Steiner School

Rudolf Steiner School of Ann Arbor

My position is part-time ☐ number of hours/week
full-time ☐

Home schooling experience? ☐
Public school teaching experience? ☐

Other experience or information you would like us to be aware of: _____

I choose to register for the following classes:

_____

_____

_____

_____

I choose to take these classes for: ☐ **Credit**
☐ **Audit**

Cancellation and Refund Policies:
All tuition and fees paid by the applicant shall be refunded if requested within three business days after signing a contract with the school. All refunds shall be returned within 30 days. Once the three business days have elapsed all policies in the Waldorf Institute of Southeastern Michigan catalog will apply.

_____

Signature Date