

What are your expectations of progressive independent schooling for your child?

What are your educational goals for your child in the coming year(s)?

SIGNATURES OF BOTH PARENTS OR GUARDIANS:

_____ Date: _____
_____ Date: _____

The School in Rose Valley admits students without regard to race, color, religious belief, ancestry, sex or national origin.

APPLICATION FOR ADMISSION

Date: _____

APPLICANT'S NAME: _____

Gender: _____ Birth date: _____

Grade applying for:

___ PRESCHOOL (Select from the options below for children who are 2.9 to 5 in September)

___ 3 Half Days or ___ 3 Full Days (Mondays, Wednesdays & Fridays)

___ 5 Half Days or ___ 5 Full Days ___

___ KINDERGARTEN (Select from the options below)

___ 3 Full Days & 2 Half Days (Half days on Thursdays and Fridays only)

___ 5 Full Days

___ FIRST Grade ___ THIRD Grade ___ FIFTH Grade

___ SECOND Grade ___ FOURTH Grade ___ SIXTH Grade

___ Our non-refundable Application Fee of \$50 per family is attached.

___ A Financial Aid Application is requested.

APPLICANT'S PRIMARY ADDRESS:

(Street, Apartment #)

(City, State, Zip, School District)

Residential Phone # : _____ Cellular Phone # : _____

E-mail Address: _____

Parent or Guardian at this address: _____

Approximate times when child is in residence: _____

APPLICANT'S SECONDARY ADDRESS:

(Street, Apartment #)

(City, State, Zip, School District)

Residential Phone # : _____ Cellular Phone # : _____

E-mail Address: _____

Parent or Guardian at this address: _____

Approximate times when child is in residence: _____

PARENT/GUARDIAN NAME:

PARENT/GUARDIAN NAME:

Occupation: _____

Occupation: _____

Employer: _____

Employer: _____

Work Address: _____

Work Address: _____

Work Phone: _____

Work Phone: _____

Home address (if not above): _____

Home address (if not above): _____

Home phone (if not above): _____

Home phone (if not above): _____

Parent/Guardian's relationship status: _____

Parent/Guardian's relationship status: _____

Who has legal responsibility for applicant? _____

Who is responsible for tuition? _____

APPLICANT'S SCHOOL INFORMATION

Current School or Program: _____

Current Level or Grade: _____

School Address: _____

Name of applicant's current teacher or caregiver: _____

___ Parental permission is hereby granted to The School in Rose Valley to request the applicant's records from the current school.

___ Parental permission is hereby given to The School in Rose Valley to contact and/or visit the applicant's current school.

Previous schools attended:

_____ Dates: _____

_____ Dates: _____

___ The applicant has been tested or evaluated in school or out of school to assess his or her academic, social, emotional or physical needs or development. Please describe why, when and where this was done. Attach a separate sheet if needed.

___ Parental permission is hereby given to The School in Rose Valley to request copies of results or reports on any such testing.

APPLICANT'S SIBLINGS

Name: _____ Age: _____

School: _____

Name: _____ Age: _____

School: _____

Name: _____ Age: _____

School: _____

APPLICANT'S GRANDPARENTS

___ Parental permission is hereby given to The School in Rose Valley to send Grandparents news bulletins, invitations, etc.

Name(s): _____ Name(s): _____

Address: _____ Address: _____

