

## K-8<sup>th</sup> Grade Application for Admission

For Grade \_\_\_\_\_ Beginning – Month: \_\_\_\_\_ Year: \_\_\_\_\_

*Parent/Guardian: Please complete this application and **submit with a \$50 non-refundable application fee**. You will then receive the necessary forms to complete the application process, including a Request for Transcripts and Teacher Recommendation forms. Both of these must be returned before an interview and/or student shadowing is scheduled.*

Applicant's Full Name \_\_\_\_\_  
Last First Middle Preferred Name

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Student lives with: \_\_\_Mother & Father \_\_\_Mother \_\_\_Father \_\_\_Guardian

\_\_\_ Parents Married \_\_\_Parents Divorced \_\_\_Parents Separated \_\_\_Dad Deceased \_\_\_Mom Deceased

Applicant is: \_\_\_African-American \_\_\_Asian \_\_\_Hispanic \_\_\_White \_\_\_Other: \_\_\_\_\_

*Parent/Guardian: You must disclose information regarding all adults who have legal rights to this child.*

Who will accept financial responsibility for school tuition & fees? \_\_\_ Mother \_\_\_ Father \_\_\_ Both

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Street Address \_\_\_\_\_ Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Guardian's Name, Address and Relationship – if applicable: \_\_\_\_\_

Has applicant previously been enrolled at RMCS? \_\_\_ No \_\_\_Yes Grade/s \_\_\_\_\_

How did you hear of RMCS?

\_\_\_ Website \_\_\_ Advertisement in \_\_\_\_\_ Flyer posted at \_\_\_\_\_

\_\_\_ I know a current or alumni RMCS student/family. Name/s: \_\_\_\_\_

Name of School Applicant Currently Attends \_\_\_\_\_

Name of Primary Teacher/s \_\_\_\_\_

Current School's Address \_\_\_\_\_

*Street*

*City*

*State*

*Zip*

Applicant's previous school experience, including any years of home-schooling:

Name of School (or Home-Schooled)	City/State	Grades Enrolled	Academic Year/s

Were you or your child, in any way, dissatisfied with your child's previous school experience? Please explain.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list name, sex, grade and current school for all other children in your family:

Child's Name	Name of School	Grade	Sex

Maternal Grandparents:

Paternal Grandparents:

Name/s \_\_\_\_\_ Name/s \_\_\_\_\_

Street Address \_\_\_\_\_ Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Please comment on your child's strengths, challenges, special needs, and special interests.

---

---

---

---

Please respond to the following by indicating whether your child is:

advanced                      on target                      slightly delayed                      delayed

1. physical self-care \_\_\_\_\_
2. interactions with peers \_\_\_\_\_
3. interactions with adults \_\_\_\_\_
4. ability to focus and complete tasks \_\_\_\_\_
5. ability to understand spoken directions \_\_\_\_\_
6. coordination (large motor skills) \_\_\_\_\_
7. letter symbol formation (fine motor skills) \_\_\_\_\_
8. ability to understand written directions \_\_\_\_\_
9. responsibility \_\_\_\_\_
10. honesty/integrity \_\_\_\_\_

Does the applicant have any physical impairments or allergies which would, in any way, affect participation in the full range of school activities?

\_\_\_\_ Yes    \_\_\_\_ No

Does the applicant have any recent serious physical or emotional illness, which requires, or has required, the care of a physician?

\_\_\_\_ Yes    \_\_\_\_ No

If the answer to either of the two previous questions is "yes," please give details:

---

---

---

---

Does your child have discipline issues either with you and/or with others? \_\_\_\_\_ Please explain.

---

---

---

---

How likely is your child to distract or be easily distracted by others?

---

---

Has your child been recommended for evaluation, or been evaluated or been identified as having learning differences, developmental delays, visual or auditory processing difficulties, or behavior or emotional disorders (ADD, ADHD, bipolar disorder, OCD, Asperger's, etc.)? \_\_\_\_\_. Do you suspect that your child may have any of the above delays or differences? \_\_\_\_\_ Please explain.

---

---

---

Has medication been recommended or been taken by your child to address any of the above diagnoses?

---

---

---

If your child has been evaluated by one or more specialists, please list their name(s) and phone number(s).

---

---

---

***\*Failure to disclose information could result in your being required to withdraw your child and forfeit tuition.***

After evaluation, a decision will be made and you will be notified. If the applicant is accepted, you will need to sign an enrollment contract and send in a tuition deposit. An enrollment contract is for one year only, or in the case of a transferring student, from the time of transfer to the end of that school year. Granting of subsequent contracts for future years is subject to annual decision on the part of the school.

If, after being accepted, a student is found to have special needs that that no one was previously aware of that RMCS cannot provide for and the school asks them to leave, the parent(s) or guardian(s) would be released from their tuition contract.

I certify that all information that I have provided on this application is accurate and authorize the release of all information from evaluation specialists and previous teachers to the teachers and administrators at Rainbow Mountain Children's School.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Reviewed by Executive Director \_\_\_\_\_ Date \_\_\_\_\_