



Rainbow Community School K-8th Grade Application for Admission

For Grade: _____ Beginning – Month: _____ Year: _____

Parent/Guardian: Please complete this application and **submit with a \$75 non-refundable application fee.** Any questions please call Sheila Mraz at 258-9264 ext 135 or email sheila.mraz@rainbowlearning.org

Applicant's Full Name _____
Last First Middle Preferred Name

Date of Birth _____ Gender _____

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 _____

Cell Phone _____

Cell Phone _____

Work Phone _____

Work Phone _____

Land Line _____

Land Line _____

Occupation _____

Occupation _____

Employer _____

Employer _____

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

Has applicant previously been enrolled at RCS? No _____ Yes _____ Grade/s _____ Year/s _____

Is your child's enrollment dependent upon receiving tuition assistance? _____

Where did you learn about RCS? Please check all that apply. RCS Website____ Google ads____ Blog____
 Local Reputation____ Driving/Walking by____ Facebook____ Magazine (specify)____
 Friend/Acquaintance- Name/s:_____

Current RCS family or alumni - Name/s: _____

Applicant's current school _____

Name of Primary Teacher/s _____ School's Phone Number: _____

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

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

Please describe your child's previous school experience, positive and not-so-positive.

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

| Child's Name | Name of School | Grade | Gender |
|--------------|----------------|-------|--------|
| | | | |
| | | | |
| | | | |

Maternal Grandparents:

Name/s _____

Street Address _____

City/State/Zip _____

Home Phone _____

Email _____

Paternal Grandparents:

Name/s _____

Street Address _____

City/State/Zip _____

Home Phone _____

Email _____

Grandparents are contacted a few times a year for school purposes - newsletters, invitations, and annual campaign.

Does your child speak Spanish? None at all____ A little bit____ Fluent in Spanish____

Has your child studied Spanish in school? _____ If yes, in what grade(s)? _____

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

RCS welcomes families of all races, nationalities, creeds, religions, sexual orientations, and social and economic backgrounds.

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 and follow spoken directions _____
- 6. coordination (large motor skills) _____
- 7. letter symbol formation (fine motor skills) _____ (1st – 8th grades only)
- 8. ability to understand written directions _____ (1st – 8th grades only)
- 9. mathematical computations and problem solving _____ (2nd – 8th grades only)
- 10. responsibility _____
- 11. honesty/integrity _____
- 12. cooperation _____

Does the applicant have any physical impairment 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? _____ If yes, please explain.

How likely is your child to distract or be easily distracted by others? Please explain circumstances.

Has your child been recommended for evaluation, been evaluated or identified as having learning differences, developmental or motor delays, visual, auditory or other sensory processing difficulties, behavior or emotional disorders (ADD, ADHD, Autism (ASD), 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 yes, please specify the name of medicine and dosage.

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

| Name | Title | Phone Number(s) |
|-------|-------|-----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Has your child ever been suspended or dismissed for academic, honor, disciplinary or other reasons?
Yes _____ No _____ If yes, please specify: _____

***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 and/or to an extent that RCS cannot provide for, the school may terminate contract. In this case, the parent(s) or guardian(s) would be released from their tuition contract. If special needs from a student support staff are deemed necessary, there will be additional fees for providing extra assistance and accommodations in the classroom.

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 Community School.

Parent/Guardian Signature _____ Date _____

Reviewed by Executive Director _____ Date _____