

K-8th 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 _____