



## Rainbow Community School 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.** Any questions please call Sheila Mraz at 258-9264 ext 135 or email [sheila.mraz@rainbowlearning.org](mailto: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 \_\_\_\_\_

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.

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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) \_\_\_\_\_ (1<sup>st</sup> – 8<sup>th</sup> grades only)
8. ability to understand written directions \_\_\_\_\_ (1<sup>st</sup> – 8<sup>th</sup> grades only)
9. mathematical computations and problem solving \_\_\_\_\_ (2<sup>nd</sup> – 8<sup>th</sup> 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:

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Does your child have discipline issues either with you and/or with others? \_\_\_\_\_ If yes, please explain.

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

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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.

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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.

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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)
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Has your child ever been suspended or dismissed for academic, honor, disciplinary or other reasons?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please specify: \_\_\_\_\_

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**\*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 \_\_\_\_\_