



**RICHMOND FRIENDS SCHOOL**  
*An Independent Quaker School, est. 1971*  
**APPLICATION FOR NEW STUDENT ADMISSION**  
**2010-2011**

Complete and return by April 15

**\$75 Application Fee**

Date Paid \_\_\_\_\_

**SECTION I: CONTACT INFORMATION**

Applicant's Full Name \_\_\_\_\_ Gender \_\_\_\_\_

Home Address \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Applying for Grade \_\_\_\_\_ Entrance in School Year \_\_\_\_\_

Pre-K/K applicants only, please check one Full Day \_\_\_\_ Half Day \_\_\_\_

Has the applicant applied previously? Yes \_\_\_\_ No \_\_\_\_

**FAMILY INFORMATION**

Parent/Guardian A

Parent/Guardian B

Name \_\_\_\_\_

Name \_\_\_\_\_

Home Address \_\_\_\_\_  
(If different from applicant's)

Home Address \_\_\_\_\_  
(if different from applicant's)

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Company \_\_\_\_\_

Company \_\_\_\_\_

Work Address \_\_\_\_\_

Work Address \_\_\_\_\_

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

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

E-mail \_\_\_\_\_

E-mail \_\_\_\_\_

Please check appropriate situation. Applicant lives with:

\_\_\_ Guardian \_\_\_ Parent A \_\_\_ Parent B \_\_\_ Other (please explain below)

Please list names of brothers and/or sisters below.



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Full Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Gender \_\_\_\_\_

Current School \_\_\_\_\_

Full Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Gender \_\_\_\_\_

Current School \_\_\_\_\_

Full Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Gender \_\_\_\_\_

Current School \_\_\_\_\_

Full Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Gender \_\_\_\_\_

Current School \_\_\_\_\_

Family members who have attended Richmond Friends School (formerly The Children's School)

Full Name \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Years of Attendance \_\_\_\_\_

Does the applicant, or any members of the applicant's family, attend a Religious Society of Friends (Quakers) Meeting? \_\_\_Yes\_\_\_No

Full Name \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Name of Meeting \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*Failure to disclose any information during the application process could result in you being required to withdraw your child and forfeit tuition\***

Richmond Friends School admits students of any race, color, religion, national, or ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students of the school. It does not discriminate on the basis of race, color, religion, national, or ethnic origin in the administration of its educational policies, financial aid programs, and other school administered programs.



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**SECTION II: STUDENT'S STATEMENT**

Student Name \_\_\_\_\_ Applicant for Grade \_\_\_\_\_

***Instructions***

*\* For Pre-K/K–2 grade students: Please answer at least two (2) of the following questions in your own words and writing, or dictate your answers to a parent or guardian.*

*\*\* For 3–6 grade students: Please answer all of the following questions in your own words and writing.*

1. Why do you think you would like to attend Richmond Friends School?

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2. What school subjects are the most interesting to you? Which are the most challenging? Why?

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3. Describe a person or event that has influenced you.

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4. What do you like to do outside of school?

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5. List three books and the authors you have enjoyed. Why did you enjoy them?

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6. What else should we know about you?

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Signature \_\_\_\_\_ Date \_\_\_\_\_





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**SECTION IV: HEALTH REPORT**

Student Name \_\_\_\_\_ Applicant for Grade \_\_\_\_\_

Has your child ever had a serious illness, injury, or disability? If so, please provide the nature of same, the dates of onset and if applicable recovery, and the current status.

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If your child is currently receiving medical care, please give the purpose of the care, the names and phone numbers of all treating medical professionals, and list the name, nature, and quantities of any medication.

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If your child has any medical or physical limitations, please explain the limitations below.

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If your child has ever undergone psychological or psychiatric evaluation, please explain below.

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If your child has ever been expelled, suspended, or otherwise involuntarily separated from any school, please provide the name of the school, the child's age at the time, and the nature and reason for said separation.

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



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**SECTION V: RELEASE OF INFORMATION (FOR GRADES 1–6)**

Student Name \_\_\_\_\_ Applicant for Grade \_\_\_\_\_

**To be completed by applicant's parent or legal guardian**

I hereby authorize you to release to Richmond Friends School (RFS), its agents, or employees, appropriate information requested about \_\_\_\_\_'s academic, personal, medical, or financial records for use in connection with said child's application for admission to RFS. I, said child's parent or legal guardian, understand that this form and information released pursuant to same will be kept confidential by you and RFS.

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

**Parents, please give this form to the head of school, principal, school counselor, or the designated teacher for completion. Ask said person to return it to RFS.**

{School recommendations are a highly valued aspect of our applicant's assessment process. Consequently, your candid evaluation of the academic performance of the child, his or her social adjustment, and character of the applicant would be greatly appreciated. Please feel free to attach continuation sheets as needed. Information shared by you shall be held in the strictest confidence and shall not, in any circumstance, be shared with the applicant or the applicant's family. Thank you for your assistance, and if you have any questions, please contact RFS at 765.966.5767.

Your name \_\_\_\_\_ Phone \_\_\_\_\_

Title \_\_\_\_\_ Fax \_\_\_\_\_

Name of School \_\_\_\_\_

Address of School \_\_\_\_\_

Date Child Commenced \_\_\_\_\_ Date Child Ended at your School \_\_\_\_\_

1. We are interested in the student's desire and ability to read and write, mathematical ability, intellectual curiosity, and achievement versus potential. Please assess the applicant's academic skills and capabilities.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. We are interested in the applicant's maturity character and integrity. We want to know about the applicant's ability to complete homework, his or her study habits, initiative, organization, curiosity, and perseverance. How would you describe the student's qualities of mind?

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3. Do you have any reason to suspect that the applicant may have a learning disability? What are your reasons to suspect one?

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4. Does the applicant have good character with respect to his or her self-discipline, conduct, respect for others, sense of responsibility and individuality? Please give specific examples of why or why not.

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5. How would you describe the applicant's relationship with his or her peers?

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6. If the applicant has ever been subject to discipline at your school, please state the nature of the discipline, and the nature of the behavior giving rise to the discipline.

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7. How would you recommend this applicant for admission to RFS?

\_\_\_\_With Enthusiasm\_\_\_\_With Confidence\_\_\_\_With Reservation (Please explain)

Signature\_\_\_\_\_ Date\_\_\_\_\_

Please place this form and the student's most recent transcript in an envelope marked Confidential and return same to Richmond Friends School, 607 West Main Street, Richmond, IN 47374.

Thank you, Richmond Friends School