



RICHMOND FRIENDS SCHOOL
An Independent Quaker School, est. 1971
APPLICATION FOR RETURNING STUDENT
2010–2011

Complete and return by April 1

\$35 Application Fee

Date Paid _____

SECTION I: CONTACT INFORMATION

Student's Full Name _____ Gender _____

Home Address _____ Phone _____

E-mail Address _____ Grade Applying For _____

SECTION II: UPDATED HEALTH REPORT

Student's Full Name _____

If any information regarding your child's health needs to be updated, please do so here by answering the following questions. If a question addresses an aspect of your child's health that has NOT changed, write "No Change" as your response.

Has your child ever had a serious illness, injury, or disability? Yes ___ No ___

If Yes, please provide the nature of same, the dates of onset, and if applicable, recovery and the current status.

Is your child is currently receiving medical care? Yes ___ No ___

If Yes, 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 medications:



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Does your child have any medical or physical limitations? Yes__No__

If Yes, please explain them.

Has your child has ever undergone psychological or psychiatric evaluation? Yes__No__

If Yes, please explain.

Has your child ever been evaluated or treated for any learning differences or disabilities?

Yes__No__

If Yes, please explain.

Parent/Guardian Signature_____Date_____

Parent/Guardian Signature_____Date_____

