



**RICHMOND FRIENDS SCHOOL**  
*An Independent Quaker School, est. 1971*  
**APPLICATION FOR RETURNING STUDENT**  
**2012–2013**

**\*\*\*If completed and returned by January 31, no application fee\*\*\***

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

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Richmond Friends School  
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[www.richmondfriendsschool.org](http://www.richmondfriendsschool.org)



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Does your child have any medical or physical limitations? Yes\_\_No\_\_

If Yes, please explain them.

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Has your child has ever undergone psychological or psychiatric evaluation? Yes\_\_No\_\_

If Yes, please explain.

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

Yes\_\_No\_\_

If Yes, please explain.

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Parent/Guardian Signature\_\_\_\_\_Date\_\_\_\_\_

Parent/Guardian Signature\_\_\_\_\_Date\_\_\_\_\_

