



Richmond Friends School

An Independent Quaker School, Est. 1971

Returning Student Application *Complete and return by April 1*

Applicant's Full Name _____

Gender _____

Home Address _____

Telephone _____

Email _____

Applying for Grade _____

Entrance in School Year _____

Applicants for preschool only, please check one ___ Full Day ___ Half Day

Helpful Information

Particular interests of parents _____

Particular interests of child _____

Particular concerns regarding the child (allergies, educational history, religion) _____

This application is accompanied by the \$35.00 application fee, which is not refundable.

Signature _____ Date _____

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.



Signature _____

Richmond Friends School
Application for Admission 2006-2007

Returning Parent's Statement

Student Name: _____

Applicant for Grade: _____

Please comment on your reasons for wishing to have your child return to the Richmond Friends School. For example, what contributions do you hope we can make to your child's development? What are your future plans, if any for his or her education? Have you been dissatisfied with your child's academic experience thus far? If so, how can this year at RFS be different? What are the rewards and challenges of parenting your child?



Signature: _____

**Richmond Friends School
Application for Admission 2006-2007**

Health Report

Student Name: _____

Applicant for Grade: _____

(When answering the questions, you must state no, none, or other appropriate negative if the response is a negative one.)

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:

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 medications:

If your child has any medical or physical limitations, please explain them:

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

If your child has ever been evaluated or treated for any learning differences or disabilities, please explain:

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:

Date: _____ Signature of parent/guardian _____