



**Richmond
FRIENDS SCHOOL**

An Independent Quaker School, est. 1971
RE-ENROLLMENT FORM FOR RETURNING STUDENT

\$25 fee if completed and returned by February 11th (\$50 after)
(Financial Aid due April 15th)

For office use:BLUE

Re-enrollment 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

If any information regarding your child's health needs to be updated, please do so here by answering the following questions.

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

If yes, please provide the nature, 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:

Richmond Friends School
607 W. Main Street, Richmond, IN 47374
765.966.5767

HeadofSchool@RichmondFriendsSchool.org
www.richmondfriendsschool.org



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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?

If Yes, please explain.

Parent/Guardian Signature_____Date_____

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