



Richmond Friends School
**TRUEBLOOD
 PRESCHOOL**

An Independent Quaker School, est. 1971
APPLICATION FOR NEW STUDENT ADMISSION

Office Use: ORANGE
 \$75 Application Fee
 Date Paid: __/__/____
 Check # _____

SECTION I: CONTACT INFORMATION

Applicant's Full Name _____

Gender _____ Race (optional) _____

Home Address _____

Telephone _____ E-mail _____

Date of Birth _____ Place of Birth _____

CHILD MUST BE AT LEAST 2 YEARS, 9MONTHS AND FULLY TOILET TRAINED UPON ENROLLMENT

Trueblood Preschool will open at 8AM with dismissal at Noon.

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)



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Please list names of brothers and/or sisters below.

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 Trueblood or 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 tuitionRichmond 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 _____

Instructions: Please have the child dictate answers to a parent or guardian.

1. What do you like to do?

2. What are you excited about doing at school?

3. List three books you have enjoyed.



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SECTION III: PARENT'S STATEMENT

Student Name _____

1. Please describe child's previous child care or play group experience:

2. What are your child's interests and characteristics?

3. What are your child's gifts? What qualities would you like to see enhanced?

4. Please comment on why you want to have your child attend the Richmond Friends School Trueblood Preschool. For example, what contributions do you hope we can make to your child's development? What are your future plans, if any, for his/her education?



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5. What other information about your child might best help us serve his/her needs?

Other important information we should be aware of? _____

SECTION IV: HEALTH REPORT

Student Name _____

Has your child ever had a serious illness, injury, or disability? If so, please provide the nature of it, 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 medication.

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



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Dietary Requirements: _____

Allergies/Other medical conditions: _____

Is your child fully toilet trained? _____

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

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

Emergency Contacts:

Name	Relationship to child	Phone	Email
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Signature of Parent/Guardian _____ Date _____