



# River Rock School

## “Handcrafted Education”

46 Barre Street, Montpelier, Vermont 05602

RiverRockSchool@comcast.net    www.RiverRockSchool.org    (802) 223-4700

Date of Application \_\_\_\_\_ For Academic Year \_\_\_\_\_

Student's Name \_\_\_\_\_ Gender \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age as of October 1<sup>st</sup> of year of entrance \_\_\_\_\_

Current School \_\_\_\_\_ Current Grade \_\_\_\_\_

Please indicate program for which you are applying:

\_\_\_\_\_ Elementary Programs, Grades K-8 (8:30-3:00)

\_\_\_\_\_ After-school Program (3:00-5:30)

\_\_\_\_\_ M \_\_\_\_\_ Tu \_\_\_\_\_ W \_\_\_\_\_ Th \_\_\_\_\_ F

Parent/Guardian \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City/St/Zip \_\_\_\_\_ City/St/Zip \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Student lives with: \_\_\_\_\_

Other significant relationship Name: \_\_\_\_\_

Role \_\_\_\_\_

SIBLINGS: NAMES

AGE

NAME OF SCHOOL

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

1. How did you hear about the River Rock School? \_\_\_\_\_

2. What are your educational goals for your child? \_\_\_\_\_

3. Explain why you are considering River Rock School for your child:

4. How does your child spend his/her free time? Please describe your child's special interests: \_\_\_\_\_

5. Is there anything that we should know about your child's learning style that would help us serve his/her specific needs? \_\_\_\_\_

6. Explain, if necessary, any significant events/factors which have affected your child's life:

7. Please describe how your child responds to adults and other children:

8. Does your child have any special needs or considerations? (health, behavioral, social, physical, etc.) \_\_\_\_\_

9. Please provide any dietary restrictions for your child: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Please provide any additional information that would assist us in knowing your child more fully: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Which activities can we expect your family to volunteer for (committees, board, fundraising, building upkeep & maintenance, field trips, special projects with students during school, marketing & advertisement, substitute teaching for school or afterschool)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you need information regarding our scholarship program? \_\_\_\_ Yes \_\_\_\_ No

Please return this form with:

- a. A non-refundable \$25 application fee per child
- b. A recent 2" x 3" photograph of your child (optional)

All information provided is confidential and is used for enrollment purposes only.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

*The River Rock School welcomes diversity among students and staff, and does not discriminate on the basis of race, color, or national and ethnic origin in its admission or hiring policies, tuition assistance decisions, or any other aspect of its educational program.*

OFFICE USE ONLY:	APPLICATION/FEE Rec'd _____	PHOTO Rec'd _____
OBSERVATION/INTERVIEW _____	ENROLLED _____	FINANCIAL AID _____
NOTES:	_____	_____
_____	_____	_____