



OFFICE USE ONLY
Date Received _____
Decision Date _____
Deposit Date _____
Start Date _____

APPLICATION FOR RE-ENROLLMENT

Child's Name *(first, middle, last)* _____

Child's Nickname *(if applicable)* _____

Male Female

Child's Date of Birth *(mm/dd/yyyy)* _____ Current Age _____

Public School District of Residence _____

Parent/Guardian 1: Dr Mr Mrs Miss Ms

Parent/Guardian 2: Dr Mr Mrs Miss Ms

Name

Relationship to applicant

Street Address

City, State, Zip

Home Phone

Mobile Phone

Occupation

Employer

Business Phone

E-mail

Name

Relationship to applicant

Street Address

City, State, Zip

Home Phone

Mobile Phone

Occupation

Employer

Business Phone

E-mail

Child resides with:
Both Parents/Guardians Parent/Guardian 1 Parent/Guardian 2 Other *(please specify)* _____

Child's siblings:	Age	Grade	Name of day care/school currently attending
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

When did this child attend RiverRun? _____

Do you anticipate requesting a need-based tuition scholarship? Yes No Don't know

Desired Re-Enrollment Date <i>(month/year)</i> : _____
Grade Level at Desired Re-Enrollment Date: _____
Interested in before/after school care? Before <input type="checkbox"/> After <input type="checkbox"/> Both <input type="checkbox"/> Neither <input type="checkbox"/>

How has this child been educated since leaving RiverRun (please provide school names, if applicable)?

Is there anything in this child’s health, behavioral, or psychological history that may affect his or her participation in school activities? Yes No If yes, please briefly describe below. Note that reasonable accommodations will be made provided that no changes to the program are required and that the child does not pose a risk to him- or herself or to others.

Has this child been tested or evaluated for any learning challenges or is there reason to be concerned about any learning difficulties? Yes No If yes, please briefly describe below.

Does this child have any allergies? Yes No If yes, please identify and indicate the severity.

RiverRun strives to provide the best individualized education possible. Please briefly describe this child’s temperament, social relations, and interests, along with any other information you believe is important to share.

What is the ethnicity and race of this child? This information will be used for aggregate reporting purposes only. An individual’s identifying information will be kept private. Answering is optional and will not influence acceptance into RiverRun.

Ethnicity: Hispanic, Spanish, or Latina(o) Not Hispanic, Spanish, or Latina(o)

Race: (select all that apply) White Black Asian Native Hawaiian or Pacific Islander Native American or Alaska Native

RiverRun does not discriminate on the basis of gender, race, color, creed, or national or ethnic origin in its admissions policies. Acceptance is based on a good match between the child and the school, as well as family commitment to Montessori education and the child's likely long-term attendance at RiverRun.

Once accepted, on-going enrollment is contingent upon the mutual satisfaction of both the student and the school.

RiverRun reserves the right to contact a previously attended school if deemed necessary.

Signing below indicates you have read the above and that all information contained in this re-enrollment request is honestly presented.

<hr/>	<hr/>
Signature	Date
<hr/>	<hr/>
Signature	Date

Return completed form to:
RiverRun Community Montessori | P.O. Box 9423 | Schenectady, New York 12309

Want more information? E-mail info@RiverRunMontessori.org or visit www.RiverRunMontessori.org