



Mission

Rohan Woods School provides a challenging and engaging academic program, fostering personal responsibility, leadership and respect for all in a collaborative community that cherishes, encourages and prepares every child.

Application for Admission Today's date _____ Applying for Grade _____ Academic Year **2019-2020**

Applicant's Name _____
Last First Middle Preferred

Home Address _____

City, State, Zip _____

Ethnicity (optional) _____ () Male () Female Date of Birth _____
MM/DD/YY

Ethnicity: 1. African American 2. Asian/Pacific Islander 3. Caucasian
4. American India/Alaska Native 5. Hispanic 6. Two or more Ethnicities 7. Did not report

Primary Phone _____ Add'l Phone: _____

FAMILY INFORMATION (Complete home address if different than above)

Parent 1 () Dr. () Mr. () Mrs. () Ms. () Other

Name _____
Last First Middle Preferred

Home Address _____ City, State, Zip _____

Cell Phone _____ Other Phone _____

Business Name _____ Occupation _____

Business Address _____ Position _____

City, State, Zip _____ Business Phone _____

Primary Preferred Email Address _____

Parent 1 () Dr. () Mr. () Mrs. () Ms. () Other

Name _____
Last First Middle Preferred

Home Address _____ City, State, Zip _____

Cell Phone _____ Other Phone _____

Business Name _____ Occupation _____

Business Address _____ Position _____

City, State, Zip _____ Business Phone _____

Primary Preferred Email Address _____

Student's Parents Are () Married () Separated () Father Deceased
() Divorced () Single Parent () Mother Deceased

() Remarried:

Parent/Guardian Name _____ Stepparent Name _____

Parent/Guardian Name _____ Stepparent Name _____

Name of custodial parent if applicant's parents are divorced _____

Name to whom bills should be sent _____

Address _____ City, State, Zip _____

STEPPARENT, if child has been adopted.

Parent 2 () Dr. () Mr. () Mrs. () Ms. () Other

Name _____
Last First Middle Preferred

Home Address _____ City, State, Zip _____

Home Phone _____ Cell Phone _____

Business Name _____ Occupation _____

Business Address _____ Position _____

City, State, Zip _____ Business Phone _____

Primary Preferred Email Address _____

APPLICANT'S SIBLINGS

Name	Age	Grade	Current School

SCHOLASTIC INFORMATION

Current School _____ Years Enrolled _____

School Address _____ School Phone _____

City, State, Zip _____

Name of Principal or Head () Mr. () Mrs. () Ms. () Dr. _____

Current Teacher () Mr. () Mrs. () Ms. () Dr. _____

Current Schedule (check all that apply) () M () T () W () Th () F () AM () PM () Both

SCHOOLS PREVIOUSLY ATTENDED

Name	Address	Phone	Dates Attended

If the applicant has ever skipped or repeated a grade, please explain. _____

If the applicant has ever received a suspension or been asked to leave a school, please explain. _____

GENERAL INFORMATION

Special out-of-school activities my child participates in _____

I want my child to experience at Rohan Woods School _____

Have any relatives attended Rohan Woods? Yes No

Name	Class	Relationship
_____	_____	_____
_____	_____	_____

Who recommended Rohan Woods to you, or how did you learn about the school? TV Website ISSL
 Print Media Facebook Current family _____ Other _____

Has your child had an educational or psychological evaluation performed? Yes No

If yes, please explain. _____

Does your child have any allergies? —include food allergies Yes No

If yes, please explain. _____

What does your family enjoy doing together? _____

Please provide any further information that will be helpful to us in determining his or her needs. _____

THIS APPLICATION IS TO BE COMPLETED BY PARENTS ONLINE OR ON PAPER AND SENT TO THE SCHOOL OFFICE WITH THE \$75.00 APPLICATION FEE—PAYABLE via PAYPAL ONLINE, or by CHECK OR MONEY ORDER PAYABLE TO ROHAN WOODS SCHOOL.

Rohan Woods School admits students of any sex, race, color, religion and national ethnic origin to all the rights, privileges, programs and activities generally made available to students of the School. The School does not discriminate on the basis of sex, race, color, sexual orientation, religion or national or ethnic origin in administration of its educational policies or programs, admissions policies or financial aid programs.

STATEMENT OF CONFIDENTIALITY

It is the policy of schools in the Independent Schools of St. Louis that all information received regarding a candidate’s application for admission will be treated with complete confidentiality. Only authorized school personnel have access to this information and then only to the extent that the information is relevant to admission and placement decisions. Information received within the scope of this policy is not disclosed to the applicant or to the applicant’s family.

Would you like information on financial aid programs?
 Yes No

Is your child applying to other schools? Yes No
If yes, where? _____

PARENT/GUARDIAN SIGNATURE DATE

PARENT/GUARDIAN SIGNATURE DATE