



## Mission

Rohan Woods School prepares every child for success by providing a challenging and engaging Project Approach and Academic Program that encompasses respect, responsibility and leadership.

## Application for Admission Today's date \_\_\_\_\_ Applying for Grade: \_\_\_\_\_ Academic Year: 2023-2024

Applicant's Name \_\_\_\_\_  
Last First Middle Preferred

Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Ethnicity (optional) \_\_\_\_\_ Gender: \_\_\_\_\_ 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE DATE

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

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE DATE