



P.O. Box 299
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Attach a recent
photo of your
child here

Grade School Application

School year applying for: _____ Requested date of entry: _____ or ASAP ____

Student

Student's Legal Name: _____ Female ___ Male ___

Student's Preferred Name: _____ Age: _____ Date of Birth: _____

Present Grade: _____ Grade Applying For: _____

Present School Name and Address: _____

Teacher: _____ Phone: _____

Student's Ethnicity/Race: _____

Note: For non-discriminatory purposes, the IRS requires this information, on a yearly basis, for Running River School to maintain its non-profit 501(c)3 status.

Running River School recruits and admits students of any sex, religion, race, color, or ethnic origin to all the rights, privileges, programs and activities. In addition, the school will not discriminate on the basis of sex, religion, race, color, or ethnic origin in administration of its educational policies, scholarship/loans/fee waivers (if any offered), educational programs and/or athletics/extra-curricular activities (if any offered).

Parents (Household 1)

Name: _____

Name: _____

Address: _____

Address: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

E-Mail: _____

E-Mail: _____

Employer: _____

Employer: _____

Occupation: _____

Occupation: _____

Parents (Household 2)

Name: _____

Name: _____

Address: _____

Address: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

E-Mail: _____

E-Mail: _____

Employer: _____

Employer: _____

Occupation: _____

Occupation: _____

Emergency Contact(s):

Name/Phone: _____

Address/Email: _____

Name/Phone: _____

Address/Email: _____

With whom does the student live? (Name and relationship; describe the student's daily living arrangement.)

Siblings (name, age, grade, school): _____

Describe the student's relationship with the siblings: _____

Academic and Social History (continue on additional pages if necessary)

Previous School(s): Address: _____ Dates: _____ Grades: _____

Favorite thing about school: _____

Least favorite thing about school: _____

Strengths: _____

Challenges: _____

Behavior with peers: _____

Health (continue on additional pages if necessary)

Physical characteristics and disposition: _____

Present physical health: _____

Present emotional health: _____

Any physical conditions the school should be aware of (vision, hearing, speech, movement, etc.)?

Food, drug, or environmental allergies: _____

Current medications/ supplements/ treatments: _____

Home and Family Rhythm (continue on additional pages if necessary)

Bedtime: _____ Wake-up time: _____

How are your child's challenging behaviors handled at home? _____

Any special needs or fears? _____

Daily chores: _____

