

# K-8 application

R E D W O O D D A Y S C H O O L

3245 SHEFFIELD AVENUE, OAKLAND, CALIFORNIA 94602 | (510) 534-0804 EXT. 222 | WWW.RDSCHOOL.ORG

**Applying to Grade** \_\_\_\_\_ for the 20 \_\_\_\_\_ – 20 \_\_\_\_\_ academic year

## Student Information

Full Name (First, Middle, Last) \_\_\_\_\_

Nickname/Preferred Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender  Male  Female

Current School \_\_\_\_\_ School Phone \_\_\_\_\_

Ethnic Identification (optional) \_\_\_\_\_ Student's Primary Language \_\_\_\_\_

**Student's Primary Household** Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

**Parent/Guardian Name** \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

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

Email Address \_\_\_\_\_

**Parent/Guardian Name** \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

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

Email Address \_\_\_\_\_

## Student's Secondary Household (if applicable)

A copy of all correspondence will be sent to this address in addition to the primary address unless legal documentation requires otherwise.

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

**Parent/Guardian Name** \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

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

Email Address \_\_\_\_\_

**Parent/Guardian Name** \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

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

Email Address \_\_\_\_\_

**Please attach a recent family photograph.** This is optional and helpful.

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**Siblings**

Name \_\_\_\_\_ Age \_\_\_\_\_ Current School \_\_\_\_\_  
 Name \_\_\_\_\_ Age \_\_\_\_\_ Current School \_\_\_\_\_  
 Name \_\_\_\_\_ Age \_\_\_\_\_ Current School \_\_\_\_\_

**To which other schools are you applying?**

1 \_\_\_\_\_  
 2 \_\_\_\_\_  
 3 \_\_\_\_\_

Has your child ever been suspended or expelled?  Yes  No If yes, please explain on a separate sheet of paper.

Does your child have any physical condition or special needs that our staff should be aware of during the school visit?  Yes  No

If yes, please explain. \_\_\_\_\_

Are there any assessments, reports, testing, or documentation regarding your child that RDS should be aware of in order to best serve your child?  Yes  No If yes, please explain on a separate sheet of paper.

Is there a custody order or other court order in place that RDS should be aware of?  Yes  No

If yes, please attach a copy of the order.

Upon enrollment, may we share your provided home contact information (including address, home and cell phone numbers, and email addresses) with other enrolled RDS families?  Yes  No

**The Admissions Committee would like to better understand your child and family.**

Please answer the following questions on a separate sheet of paper:

1. What would be an ideal learning environment for your child?
2. Describe your child’s strengths and challenges in the following areas:
  - a. Academic
  - b. Social
  - c. Personal
3. Are there any health matters or special learning needs that have affected your child’s performance in school or participation in activities? How have these needs been supported?
4. What has been your involvement in your child’s school?
5. Describe your own K-8 school experience.

**Please enclose your non-refundable application fee of \$80.**

For information about financial aid or to request an application-fee reduction, please contact the Office of Admissions & Financial Aid.

To the best of my knowledge, the information provided on this application is true and correct.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_