

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

Applying to Grade _____ for the 20 _____ – 20 _____ academic year

Student Information

Name (First, Middle, Last) _____

Nickname/Preferred Name _____

Parent/Guardian Name(s) _____

Thank you for applying to Redwood Day School. This additional form helps the Admissions Committee learn more about you, in your own words. Please complete the following sentences in handwriting.

If I had the chance to meet one person from the past or present, I would choose to meet _____

_____ because _____

The best thing about my current school is _____

because _____

If I could change one thing about my current school it would be _____

because _____

Other people are sometimes surprised to find out that I _____

If I could invent a new holiday, it would be _____

Student Signature _____ Date _____

Printed Name _____

S U P P L E M E N T A L S T U D E N T A P P L I C A T I O N R E D W O O D D A Y S C H O O L

WWW.RDSCHOOL.ORG

Redwood Day School does not discriminate and welcomes applications from students and families of any race, ethnic or national origin, color, religion, sexual orientation, gender identity, gender expression, veteran status, or physical ability.