

Rancho Heritage School

APPLICATION

S t d u e n t					
First Name	Middle Name	Last Name	Boy <input type="checkbox"/>	Date of Birth	Age
			Girl <input type="checkbox"/>		
Program: <input type="checkbox"/> Kindergarten <input type="checkbox"/> TK		Street Address	City	State	Zip Code
<input type="checkbox"/> Preschool <input type="checkbox"/> Summer Camp					
Current or previous school, preschool or daycare (Name, Address, Phone No.)					how long attended
Has your child ever been terminated or expelled from any school, preschool or daycare before? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please explain:					
Requested Start Date		(Preschool & Summer Camp only) Weekly Schedule M T W T F		Time: From to	
What is most important to you in a school?					
Why are you interested in RHS?					

G U A R D I A N / M O T H E R					
First Name	Middle Name	Last Name	Education	Cell Phone No.	
Home Street Address	City	State	Zip Code	Home Phone No.	
Work Street Address	City	State	Zip Code	Work Phone No.	
Name of Employer	Occupation		Email Address		

G U A R D I A N / F A T H E R					
First Name	Middle Name	Last Name	Education	Cell Phone No.	
Home Street Address	City	State	Zip Code	Home Phone No.	
Work Street Address	City	State	Zip Code	Work Phone No.	
Name of Employer	Occupation		Email Address		

Guardian / Mother Signature	Date	Guardian / Father Signature	Date
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PLEASE INCLUDE THE NON-REFUNDABLE \$50 APPLICATION FEE WITH THIS FORM

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ENROLLMENT APPLICATION

Student First Name		Last Name		Tuition Pay Plan: Monthly <input type="checkbox"/> Weekly <input type="checkbox"/>		Special Need: Please Attach Explanation Yes _____ No _____		
Grade / Program		Place of Birth (City, State, Country)			Race		Is Child Adopted Yes <input type="checkbox"/> No <input type="checkbox"/>	
Age Verification: Birth Certification <input type="checkbox"/> Baptismal Certificate <input type="checkbox"/> Physician Record <input type="checkbox"/> Passport <input type="checkbox"/>								
Family Status of Parents: Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Remarried <input type="checkbox"/>								
Child is Living with (First & Last Name)				Relationship				
Language other than English spoken in home				Parents First Language				
Name of Brothers and Sisters		Age		Name of School or Preschool				
Please describe your child's personality, temperament, and distinctive qualities								
List Allergies If Any (FOOD & MEDICINE)								
Family Physician's Name				Phone No.				
Dentist's Name				Phone No.				
Person Authorized to Pickup Student from School			Relationship to Student			Phone No.		
In Case of Emergency Contact Person								
Name			Phone No.			Relationship		
Guardian / Mother's Signature			Date		Guardian / Father's Signature			Date
Do not write in this section		Director Review			Principal Review			