

The Randolph School

2467 Route 9D, Wappingers Falls, NY 12590 ♦ (845) 297-5600

Application Form

Applicant's Name _____

Applicant's Address _____

Date of Birth _____ Applying for Schoolyear 20____ to 20____

Applicant's Parent:

Name _____

Home Address _____

Home Telephone _____

E-mail Address _____

Employer _____

Position _____

Address _____

Business Telephone _____

Applicant's Parent:

Name _____

Home Address _____

Home Telephone _____

E-mail Address _____

Employer _____

Position _____

Address _____

Business Telephone _____

Living Grandparents:

Name _____

Address _____

Occupation _____

Name _____

Address _____

Occupation _____

Other schools attended by applicant:

Name	Address	Dates Attended

Other children in family:

Name	Age	Sex	School

**Are you or is any member of your family an alumnus of The Randolph School?
If so, list names and dates attended:**

Name	Dates	Relationship to Applicant

Person responsible for tuition (if other than parent):

Name _____ Address _____ Phone _____

- We wish to participate in the Sliding Scale system and will be submitting our financial information through SSS at NAIS.
- We will not be submitting our financial information and will pay the maximum tuition fee.

How did you learn of Randolph School? _____

How does your child express curiosity or interest in learning?

What are your child's academic, intellectual, emotional, social, or physical strengths and weaknesses?

What are your child's special interests, talents, and abilities?

If there are any special circumstances or other information you would like to share, please use a separate sheet of paper.

If your child attends the Randolph School, how would you like to pay the tuition?

- I will pay the full tuition by August 1st.
- 10% deposit and the remainder in monthly or quarterly payments from July to April.

Pre-Kindergarten Only:

What schedule would you like your child to attend?

- 5 Short Days (8:30 – 12:30)
- 4 Full Days (M-Th)
- 5 Full Days

A \$40 application fee is required with this form.

Applicant is my (son), (daughter), (ward), other _____

Signature of Parent/Guardian _____ Date _____

The Randolph School does not discriminate on the basis of sex, race, color, religion, sexual orientation, or national or ethnic origin in our admissions and educational policies and practices.