

# 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\_\_\_\_

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### **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 \_\_\_\_\_

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### **Living Grandparents:**

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Occupation \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Occupation \_\_\_\_\_

**Other schools attended by applicant:**

Name	Address	Dates Attended

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**Other children in family:**

Name	Age	Sex	School

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**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

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**Person responsible for tuition (if other than parent):**

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**Do you intend to apply for financial aid?** \_\_\_\_\_

**How did you learn of Randolph School?** \_\_\_\_\_

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How does your child express curiosity or interest in learning?

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

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

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

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

- I will pay the full tuition by August 1<sup>st</sup>.
- 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

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

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**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.*