

RIDGECROFT SCHOOL
ENROLLMENT APPLICATION

Application Number: _____ **Application Date:** _____

Grade child to enter (PreK, K, or grade number): _____

School year child is to enter: 20____ **- 20**____

(Note: To enter kindergarten, child must be 5 years of age by August 31st of the year of entrance.)

Child's Full Name: _____

Child's Current Age: _____ **Birth Date:** ____ / ____ / ____

Birth Certificate Submitted: Yes ____ No ____

Place of birth: _____

Names and address of former school (if applicable): _____

Family Information:

	Father	Mother
Name		
Mailing Address		
Home Phone		
Business Phone		
Employer		

Name(s) and grade level(s) of sibling(s) current enrolled at Ridgcroft School:

Fees:

	Amount	Date Paid
Enrollment Fee		
Pre-registration Fee		

Please also read, sign and date the application conditions

The completion of this form indicates the above-named child plans to enter Ridgcroft School.