



# RIVERBEND SCHOOL

An Innovative Montessori Education

Please attach picture here.

## APPLICATION FOR ADMISSION

APPLYING FOR SEPTEMBER, 20\_\_\_\_\_

APPLYING FOR LEVEL *(please check one)*:

### CHILDREN'S HOUSE:

☐ TODDLER FULL DAY  
15 MONTHS - AGE 3

☐ TODDLER HALF DAY  
15 MONTHS - AGE 3

☐ PRIMARY FULL DAY  
AGE 3 - AGE 5

☐ PRIMARY HALF DAY  
AGE 3 - AGE 5

☐ KINDERGARTEN  
AGE 5

### UPPER SCHOOL:

LOWER ELEMENTARY  
GRADE: ☐ 1 ☐ 2 ☐ 3

UPPER ELEMENTARY  
GRADE: ☐ 4 ☐ 5 ☐ 6

MIDDLE SCHOOL  
GRADE: ☐ 7 ☐ 8

ARE YOU INTERESTED IN FULL-TIME EXTENDED CARE (7:30AM - 5:45PM)?

☐ YES ☐ NO

### APPLICANT INFORMATION:

\_\_\_\_\_  
Last Name First Name Middle Nickname

\_\_\_\_\_  
Street Address City State Zip Code

\_\_\_\_\_  
Home Phone Parent Cell Phones *(please distinguish)*

\_\_\_\_\_  
Date of Birth Gender (M/F)

### CURRENT SCHOOL OR DAYCARE INFORMATION:

\_\_\_\_\_  
School/Daycare Name School/Daycare Phone

\_\_\_\_\_  
Street Address City State Zip Code

\_\_\_\_\_  
Teacher

**SCHOOLS/DAYCARES PREVIOUSLY ATTENDED:**

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**SIBLINGS** *(names and ages):*

**SCHOOL(S) CURRENTLY ATTENDING:**

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**WHAT LANGUAGES DOES YOUR CHILD SPEAK AT HOME?**\_\_\_\_\_

If a language other than English is spoken at home, is your child:

- ☐ Bilingual  
☐ English or other language is still developing.

Please indicate which language:\_\_\_\_\_



**ABOUT YOUR CHILD AND YOUR FAMILY**

*(please feel free to use these sheets or attach others)*

Please write 3 words that come to mind when describing your child:

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What activities do you share as a family?:

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How does your child like to spend his/her unstructured time?:

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## ABOUT YOUR CHILD AND YOUR FAMILY

*(please feel free to use these sheets or attach others)*

Tell us your understanding of our school values and what they mean to you:

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Has your child ever repeated or skipped a grade? If yes, please explain:

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Has your child received any educational testing or psycho-educational testing?

- ☐ Yes, Date of Testing: \_\_\_\_\_
- ☐ No

Elementary and Middle School applicants: Please comment on your child's current school setting and experience. What works well? What is a challenge? If applicable, describe your child's study and homework habits:

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Pre-school applicants: If your child is currently enrolled in childcare or school, what does s/he enjoy most during his/her day?

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PLEASE COMPLETE THE FOLLOWING INFORMATION FOR EACH PARENT/GUARDIAN:

## PARENT/GUARDIAN I

Full Name

Home Address

City, State, Zip

Home Telephone

Cell

Email

Occupation/Title

Employer's Name

Employer Address

City, State, Zip

Business Telephone

Which is the best way to reach you during the day?

☐ Parents are married and/or living together

☐ Parents are separated

☐ Parent I is remarried:

Full Name

Home Address

City, State, Zip

Home Telephone

Cell

Email

Occupation/Title

Employer's Name

Employer Address

City, State, Zip

Business Telephone

☐ Parents are divorced

☐ Single Parent

□ Parent II is remarried:

Name of Spouse

Name of Spouse

Parent/Guardian's Signature

Parent/Guardian's Signature

Applications are accepted between September and February of the preceding school year. Applications are valid for one admissions year. Please mail this form, along with any attachments, with a **non-refundable \$50 Application Fee** to:

THE RIVERBEND SCHOOL  
6 AUBURN STREET, S. NATICK MA 01760

*The Riverbend School admits families of any race, color, national or ethnic origin, marital status, religion, political beliefs, disability and sexual orientation to all the rights, privileges, programs and activities generally accorded or made available to families of the school. Toilet training is not a prerequisite for admittance.*

**For office use only:**

App. Rec'd \_\_\_\_\_ Fee Rec'd \_\_\_\_\_ Tour Date \_\_\_\_\_ Date Rec Rec'd \_\_\_\_\_ Rec Rec'd \_\_\_\_\_

# THE RIVERBEND SCHOOL

## RELEASE OF STUDENT RECORDS

**I authorize and direct:**

Name of School\_\_\_\_\_

Address \_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Postal Code\_\_\_\_\_

To submit the enclosed AISNE evaluation form and the most recent report card(s)  
and/or progress notes related to my child:

\_\_\_\_\_

I further authorize administrators, teachers and counselors who are employed by the  
above mentioned school, and who have worked directly with my child in an  
administrative, teaching, counseling and/or diagnostic capacity to discuss matters relevant  
to my child's application for admission with administrators and teachers employed by The  
Riverbend School.

Please forward this information to:

The Riverbend School  
Admissions Office  
6 Auburn Street  
South Natick, MA 01760

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

*This form should be returned, along with the application to The Riverbend School. The office will  
then send this release of student records, the AISNE evaluation form, and a return envelope to the  
school listed above.*