



Application Form

School Year 2009-2010

Date Submitted: _____

Name of Child: _____

Date of Birth: _____

Gender: Male Female

Address: _____

Home Phone: _____

Mother's name: _____

Father's name: _____

Occupation: _____

Occupation: _____

Cell Phone: _____

Cell Phone: _____

Email: _____

Email: _____

Has any sibling/relative attended The Raya School: Yes No

Name of sibling/relative and schoolyear attended: _____

Has your child been tested for any disabilities or disorders that would be related to his/her learning at our school? Please describe.

How did you hear about Raya? _____

Program Requested:

- | | | | |
|---------------------------------------|----------------------------------|------------------------------------|---------------------------------|
| <input type="checkbox"/> Nursery | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Either |
| <input type="checkbox"/> Kindergarten | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Either |
| <input type="checkbox"/> Prep | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Either |
| <input type="checkbox"/> Grade 1 | <input type="checkbox"/> Grade 2 | <input type="checkbox"/> Grade 3 | |

Previous school attended: _____

Reason for leaving previous school: _____

The Raya School shall call you within a week after this application form has been submitted, to schedule your child's entry assessment session as well as the parents' interview. Thank you very much.