



Reston Day School

Home of The Oxford Tutorial

3005 Dower House Drive • Oakhill, VA 20171

(703) 264-9078 • Fax (703) 264-3939

RestonDaySchool38@yahoo.com

Application For Private School

Reservation or Registration Fee Paid? \$ _____ Check# _____ Deposit Paid? \$ _____ Check# _____

Grade Applied For (please circle request)

Junior Kindergarten Kindergarten
1st 2nd 3rd 4th 5th 6th 7th 8th
Before and After School Program

Have you ever attended Parent University? Y N

Today's Date ____/____/____ Visit Date ____/____/____

Child's
Full Name _____ Birthdate ____/____/____
First Last

Likes to be called _____

Address _____ E-Mail _____

City _____ State _____ Zip _____

Phone () _____ Sex _____

Name of Present
School/Child Care Center _____

Address _____

Phone () _____ Dates Attended _____ to _____

Teacher's Name _____

Other Previous Schools:

School	Address	Dates Attended
_____	_____	_____
_____	_____	_____

Family Information

Mother _____ Guardian _____ Father _____ Guardian _____

Name

Name

Address

Address

City State Zip

City State Zip

Occupation

Occupation

Employer

Employer

Business Address

Business Address

City State Zip

City State Zip

() _____ () _____
Home Phone Business Phone

() _____ () _____
Home Phone Business Phone

Parents are: _____ married _____ separated _____ divorced
_____ Mother deceased _____ Father deceased
_____ Father Remarried _____ Mother Remarried

Child Lives With: _____

Siblings

Name Age School Grade

Parent's Signatures _____ Date ____/____/____

About Your Child

3 of 4

(To be filled out by Parents or Guardians)

We would like to know a little about you and your child. Please answer the following questions. Write as much as you like – use the back if needed.

1. Behavior and Temperament

How do you correct or discipline your child? (For example: time out, spanking, talking to) Please give us an example from a real situation of how you discipline your child and the result (what works for your child?).

Does your child have temper tantrums? If so, how frequently and what do you do about them?

Has your child had any behavioral issues at home or preschool? (Biting, hitting, teasing, etc.)

2. Interests

What are your child's two or three most favorite activities or interests?

What do you see as your child's strengths ? And Weaknesses?

3. Health

Does your child have, or has your child had, any special medical conditions (allergies, asthma, tubes, etc.)?

4. Other

Please describe your participation in your child's previous school's or center's special events, fundraisers, classroom assistance, etc. How many hours per month would you be available to volunteer for such events?

How would you like your child to benefit from being in our School?