6039 Churchill Way

Dallas, Texas 75230

www.russianschoolofdallas.com

Tel: (214) 364-7674

APPLICATION FOR ADMISSION\*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STUDENT’S NAME (First, Middle, Last)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (Street, City, State, Zip Code)

Russian speaker □

English speaker □ DATE OF BIRTH \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please, check both if bi-lingual (Month/Day/Year)

 □ Female

 □ Male

\*An application is considered to be complete when the school

has received the following:

• A completed application form with a Signature of parent or guardian

• A non-refundable $50 application fee (for new students) and tuition fee.

Checks or cash only.

**THERE IS NO ENROLLMENT ON LINE.**

Please send your payments and application forms to: *Russian School of Dallas*

*6039 Churchill Way*

*Dallas TX 75230*

**CANCELLATION**

The Russian School of Dallas reserves the right to cancel any course that is undersubscribed. In that event, paid tuition will be refunded in full.

Payment can be prorated.

Siblings have 10% discount.

**PARENT STATEMENT**

**MOTHER’S INFORMATION**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

􀀀 Ms. 􀀀 Mrs. 􀀀 Dr. (First, Middle, Last)

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Home Number Mobile Phone

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Native Language Employer, Type of Business, Position

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail

**FATHER’S INFORMATION**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

􀀀 Mr. 􀀀 Dr. (First, Middle, Last)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address (Street, City, State, Zip Code)

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Home Number Mobile Phone/Pager

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Native Language Employer, Type of Business, Position

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E-Mail

**SIBLINGS** (Names, Ages)

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**IN CASE OF EMERGENCY CONTACT** (Other than a parent)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 􀀀 Ms. 􀀀 Mrs. 􀀀 Dr (First, Middle, Last )

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Address (Street, City, State, Zip Code)

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Home Number Mobile Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Child

**MEDICAL HISTORY**

Is the student currently taking any medication ? 􀀀Yes 􀀀 No

If yes, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the applicant have a physical handicap, chronic illness or allergy? 􀀀 Yes 􀀀 No

If yes, please explain. Include information regarding any special arrangements that you may need:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* I agree to the videoing and/or photographing of my child during RSD activities for use by RSD in educating children and promoting RSD and public education. I also agree to the publication of images of my child(ren) in Internet websites, RSD newsletters in print, RSD newsletters online, Magazines, Local newspaper7

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s, Father’s, or Legal Guardian’s Signature Date

*The Russian School of Dallas does not discriminate on the basis of race, gender, color, religion, national or ethnic origin, or handicap in administration of its educational policies, admissions policies, or in its employment practices.*