

## **The Rumson Country Day School Parent Questionnaire**

*Parents of Applicants to Nursery-8th Grade:*

*In an effort to get to know your child, please answer the following questions. All information will be kept confidential. It will only be shared with the Admissions Committee and appropriate School personnel. Please return the completed form to RCDS as soon as possible. Thank you.*

1. What does your child like/dislike about school?

2. What strengths or challenges has your child experienced in school?

3. Why are you applying to The Rumson Country Day School for your child?

4. Is another language spoken at home? If so, what language? \_\_\_\_\_

5. Has your child  skipped a grade  repeated a grade? If so, which one? \_\_\_\_\_

6. Have academic ability, learning style, or psychological evaluations been done for your child outside the normal testing done in school?  yes  no

If yes, please indicate the dated of the testing. We ask that you submit a copy of the testing to the Admission Office.

7. Does your child take any medication on a daily basis? If so, please list:

Does your child take any medication that a school nurse must administer? If yes, please list:

8. Has your child received tutoring in or out of school?  yes  no  
If so, please indicate the subject area(s).

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9. Is there any other information you would like the Admission Committee to know about your child?

Please attach an additional sheet, if needed.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_