

## Application for Admissions Preschool & Kindergarten Applicants

### Admissions Procedure

Finding the best educational environment for your child is one of the most important decisions that a parent faces. At Riverstone International School, we understand the importance of that decision and have developed a comprehensive admissions process that allows both families and the school the opportunity to determine if Riverstone is right for your child.

Rachel Pusch, our Director of Admissions and Marketing, guides families and applicants through the admissions process and is available to assist you, whether you are just starting to learn more about Riverstone, you would like to schedule a tour, or you are ready to complete and return your application. Rachel may be reached at [rpusch@riverstoneschool.org](mailto:rpusch@riverstoneschool.org) or 208.424.5000.

### For admissions to Preschool and Kindergarten, please:

1. Schedule a tour of the school.
2. Complete and return the application information to Riverstone International School. Please write legibly.
  - Application for admissions
  - \$75 application fee
  - Parent statement
  - Current photo of your child
3. If your child is currently enrolled in a school or daycare setting, please give the following forms to your child's current school or daycare provider.
  - Signed transcript release request
  - Teacher recommendation forms for your child's primary teacher. *Teacher recommendation forms must be returned directly to Rachel Pusch in a sealed envelope, or sent via email or FAX, from your child's current school.*
4. *Preschool applicants:* Your child's completed application must be submitted to Riverstone International School no later than Tuesday, January 18, 2011. Rachel Pusch will schedule your child's Preschool Evaluation that will take place on Tuesday, January 25, 2011. Applicants should be three years of age by September 1, 2011 and must be fully toilet trained before the first day of school.
5. *Kindergarten applicants:* Your child's completed application must be submitted to Riverstone International School no later than Friday, January 28, 2011. Rachel Pusch will schedule your child's Kindergarten Evaluation that will take place on Saturday, February 5, 2011.
6. Applications received after the evaluation dates will be accepted. Applicants will be required to attend an alternate evaluation date for any available openings.
7. If you are applying for financial aid, submit your Financial Aid application online at [www.nais.org/sss](http://www.nais.org/sss) and submit your most recent Federal Tax Form 1040 to our Business Office for consideration. Financial aid decisions are made in the spring. *\*Financial aid is not available for preschool students.*
8. Please contact Rachel Pusch if you have any questions.

### Admissions Contact Information

Riverstone International School  
Rachel Pusch, Director of Admissions and Marketing  
5521 East Warm Springs Avenue  
Boise, ID 83716  
Phone: 208.424.5000 FAX: 208.424.0033  
[www.riverstoneschool.org](http://www.riverstoneschool.org)  
[rpusch@riverstoneschool.org](mailto:rpusch@riverstoneschool.org)

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## Application for Admissions Preschool & Kindergarten Applicants

### Applicant Information

Student's legal name \_\_\_\_\_ Preferred first name \_\_\_\_\_  
FIRST MIDDLE LAST (OR NICKNAME)

Applying to grade \_\_\_\_\_ for \_\_\_\_\_ Current grade \_\_\_\_\_  Female  Male  
MONTH YEAR

Birthdate \_\_\_\_\_ Citizenship \_\_\_\_\_ Primary language \_\_\_\_\_

Student's address \_\_\_\_\_  
STREET CITY STATE ZIP COUNTRY

Is this the applicant's first application to Riverstone?  Yes  No If no, academic year(s) applied \_\_\_\_\_

Is the applicant a former Riverstone student?  Yes  No If yes, academic year(s) attended \_\_\_\_\_

Ethnic origin (optional)  African American  Hispanic  Asian or Pacific Islander  White/Non Hispanic  
 Native American  Other \_\_\_\_\_

Is applicant fully toilet trained?  Yes  No  In process *\*Students must be fully toilet trained before the first day of school.\**

### Parent or Guardian Information

Parent/Guardian 1

Parent/Guardian 2

Full Name \_\_\_\_\_  
FIRST LAST FIRST LAST

Relationship to applicant \_\_\_\_\_

Home address \_\_\_\_\_  
IF DIFFERENT FROM APPLICANT'S STREET STREET

CITY STATE ZIP COUNTRY CITY STATE ZIP COUNTRY

Home phone with area code \_\_\_\_\_

Cell phone with area code \_\_\_\_\_

Email address \_\_\_\_\_

Occupation/Title \_\_\_\_\_

Employer/business \_\_\_\_\_

Parents are (check if applicable):  Married  Separated  Divorced  Mother remarried  Father remarried  
 Mother deceased  Father deceased

With whom does the applicant live? \_\_\_\_\_

Who is financially responsible for the applicant? \_\_\_\_\_ Relationship \_\_\_\_\_



Application for Admissions
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School History

Name of current school

Type of School Public Parochial Private Independent Home School Other

Date of attendance from to Current grade Reason for leaving

School address STREET CITY STATE ZIP COUNTRY

School phone with area code School Principal/Director/Head of School

Please list other schools attended by the applicant:

Table with 3 columns: SCHOOL, ADDRESS, YEAR(S) ATTENDED. Two rows for listing schools.

Has the applicant had any experience with another world language beyond their native language? Yes No

Table with 2 columns: LANGUAGE, LEVEL OF FLUENCY/YEARS STUDIED. Two rows for language experience.

Sibling Information

Please list any siblings who are attending or have attended Riverstone:

Table with 3 columns: NAME, GRADE, YEAR(S) ATTENDED. Three rows for listing siblings.

Please list other children in the family:

Table with 4 columns: NAME, AGE, GRADE, SCHOOL. Three rows for listing other children.

Teacher or Daycare Provider Recommendation

Please list the name of a current teacher who will be completing your recommendation form:

Table with 2 columns: PRESCHOOL/ KINDERGARTEN TEACHER OR DAYCARE PROVIDER, EMAIL ADDRESS.



## Application for Admissions Preschool & Kindergarten Applicants

### Additional Information

What are the applicant's interests and activities? \_\_\_\_\_

\_\_\_\_\_

Has the applicant previously attended Kindergarten?  Yes  No Please explain: \_\_\_\_\_

\_\_\_\_\_

Has the applicant ever had special tutoring?  Yes  No If yes, please specify the grade(s), subject(s), and the circumstances. \_\_\_\_\_

\_\_\_\_\_

Has your child been recommended for, or been placed on, an Individual Education Plan or 504 Plan?  Yes  No If yes, please provide a copy.

Has your child every taken a nationally-normed standardized test?  Yes  No If yes, please provide a copy.

Has your child ever been suspended, expelled, or withdrawn from any school?  Yes  No If yes, please provide details. \_\_\_\_\_

\_\_\_\_\_

Are there any factors that have had an impact on the applicant's academic or social progress to date (e.g. illness, physical disability, learning difficulties, changes of home or school, death or divorce in the family, etc.)? \_\_\_\_\_

\_\_\_\_\_

### Application Agreement

I hereby submit this application to Riverstone International School and enclose the nonrefundable application fee of \$75.00.

I acknowledge that I waive the right to read the confidential teacher recommendations and authorize Riverstone International School to investigate our child's academic record and performance and to secure information that Riverstone International School deems pertinent.

I understand that enrollment in the Preschool does not guarantee or imply admission into Kindergarten or any other grade at Riverstone International School.

I understand that my child must be fully toilet trained before the first day of school or the school reserves the right to reverse an admissions decision, even after acceptance and enrollment.

I understand that Riverstone International School relies on the accuracy of the information contained in this application and certify all the information given above is complete and accurate. I understand that failure to disclose information about the applicant's medical, educational, or emotional history may affect the school's admissions decision and that the school reserves the right to reverse an admissions decision, even after acceptance and enrollment, if such information has been withheld from the school.

Signature \_\_\_\_\_  
PARENT/GUARDIAN 1 DATE \_\_\_\_\_

Signature \_\_\_\_\_  
PARENT/GUARDIAN 2 DATE \_\_\_\_\_

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## Parent Statement Preschool through Grade 12 Applicants

Student's legal name \_\_\_\_\_  
FIRST MIDDLE LAST

Applying to grade \_\_\_\_\_ for \_\_\_\_\_ Parent/guardian filling out form \_\_\_\_\_  
MONTH YEAR

How did you first learn about Riverstone International School? \_\_\_\_\_

*In order to help us get to know your child, we would appreciate your comments on the questions below. Please use a separate piece of paper if necessary.*

What words would you use to describe your child's personality? \_\_\_\_\_

What are your child's interests? \_\_\_\_\_

How does your child respond to new situations and challenges? \_\_\_\_\_

What do you hope that your child will gain from attending Riverstone International School? \_\_\_\_\_

Describe any areas that your child may need support. \_\_\_\_\_

Is there any additional information about your child or your family that you would like to include? \_\_\_\_\_

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## Release of Student Records

### 1. Instructions for Parents

Please complete the Student Information & Parent Signature section and deliver the completed form to your child's current school.

### 2. Instructions for Applicant's Current School

Acceptance to Riverstone International School depends in part upon school records. We would appreciate if you would send us a photocopy of the candidate's academic and behavioral records, including all standardized test scores. We would like to see complete records from the current and past years.

Please send the records to the following address:

Admissions Office  
Riverstone International School  
5521 E Warm Springs Avenue  
Boise, ID 83716  
Phone: 208.424.5000 FAX:208.424.0033

Thank you for your assistance. Please contact Rachel Pusch at 208.424.5000 with any questions.

### 3. Student Information & Parent Signature

Current School \_\_\_\_\_

Student's legal name \_\_\_\_\_  
FIRST MIDDLE LAST

I request that a copy of all school records for my child be submitted to Riverstone International School.

Name (please print) \_\_\_\_\_  
PARENT/GUARDIAN DATE

Signature \_\_\_\_\_  
PARENT/GUARDIAN DATE

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## Confidential Teacher Recommendation Preschool and Kindergarten Applicants

### To the Parent(s):

As part of the undersigned's application for admission, Riverstone International School requires this recommendation be completed by the candidate's current teacher or daycare provider. The undersigned acknowledges that these recommendations are confidential communications. The undersigned waives all rights to access recommendations.

NAME OF CANDIDATE \_\_\_\_\_ CURRENT AGE & GRADE \_\_\_\_\_ Applying to:  Preschool  Kindergarten

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

### To the Primary Teacher(s) or Daycare Provider:

Thank you for your time and consideration. Your insight into the applicant is extremely valuable. Riverstone International School is a small coeducational, non-denominational, independent school. We enroll students with the ability and desire to pursue a challenging college-preparatory curriculum.

Please complete this form, sign, and send directly to Riverstone International School. Your comments will be held in the strictest confidence. If necessary, please continue responses on an additional sheet of paper. Thank you very much for your assistance.

TEACHER NAME OR DAYCARE PROVIDER & TITLE \_\_\_\_\_ SCHOOL OR DAYCARE \_\_\_\_\_

HOW LONG HAVE YOU KNOWN THE CANDIDATE? \_\_\_\_\_ IN WHAT CAPACITY? \_\_\_\_\_

Please check which type of program student is enrolled in:

Preschool  Daycare Kindergarten:  Public  Parochial  Private  Homeschool  Specialized Classroom

Days per week enrolled: \_\_\_\_\_ Hours per day: \_\_\_\_\_ Size of group: \_\_\_\_\_ Age range: \_\_\_\_\_

### Student Evaluation

How long have you known this student? \_\_\_\_\_ In which language is the student currently taught? \_\_\_\_\_

Has the student studied a second language?  Yes  No If yes, which one(s): \_\_\_\_\_ Number of years \_\_\_\_\_

To your knowledge, has additional help, enrichment, tutoring, or testing been recommended for this student?  Yes  No

If yes, please explain: \_\_\_\_\_

Please answer appropriate question for the applicant's grade/program they are applying for:

Do you feel this child will be developmentally ready for an academic preschool program in August?  Yes  No

Do you feel this child will be developmentally ready for an academic kindergarten program in August?  Yes  No

If no, please comment: \_\_\_\_\_

Is this child fully toilet trained?  Yes  No



## Confidential Teacher Recommendation Preschool and Kindergarten Applicants

### Social and Emotional Development

Please check the box that best applies in each category:

	AREA OF CONCERN	NEEDS DEVELOPMENT	AGE APPROPRIATE	EXCEEDS AGE APPROPRIATE
Is imaginative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows ability to lead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses materials purposefully	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibits curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Separates from parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibits self control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resolves conflicts independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tolerates frustration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriately initiates interaction with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Takes turns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can self-regulate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleans up after activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adjusts well to new situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works and plays cooperatively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Pre-Academic Skill Development

Please check the box that best applies in each category:

	AREA OF CONCERN	NEEDS DEVELOPMENT	AGE APPROPRIATE	EXCEEDS AGE APPROPRIATE
Works cooperatively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listens in a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is a self-starter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understands directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Makes transitions easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expresses thoughts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enjoys listening to stories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age appropriate vocabulary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can focus and complete a task/center according to classroom expectations with little teacher support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Physical Motor Development

Please check the box that best applies in each category:

	AREA OF CONCERN	NEEDS DEVELOPMENT	AGE APPROPRIATE	EXCEEDS AGE APPROPRIATE
Fine motor control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gross motor control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age appropriate gross motor activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interest in drawing and/or writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## Confidential Teacher Recommendation Preschool and Kindergarten Applicants

### Additional Information

Please comment on any special needs or concerns of the child and/or family.

Please comment on the student's learning style and the type of school/classroom setting and teaching strategies that would benefit him/her.

Please provide any other information that you think would be helpful.

I would rate this student as a candidate for Riverstone International School:

	OUTSTANDING (TOP 2-3%)	EXCELLENT (TOP 10%)	GOOD	AVERAGE	BELOW AVERAGE
For academic promise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For personal promise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For overall promise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Primary Classroom Teacher or Daycare Provider Information

TEACHER'S OR DAYCARE PROVIDER'S NAME PRINTED

EMAIL ADDRESS

TEACHER'S OR DAYCARE PROVIDER'S SIGNATURE

NAME OF SCHOOL OR DAYCARE

SCHOOL PHONE

HOME OR CELL PHONE (OPTIONAL)

*Please complete this form, sign, and send directly to Riverstone International School at the address below. Thank you.*

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