



## Enrollment Form

Current Date \_\_\_\_\_

Anticipated Enrollment Date \_\_\_\_\_

Name of Child \_\_\_\_\_

Name of Parents \_\_\_\_\_

Birth Date of Child \_\_\_\_\_ Age of Child \_\_\_\_\_ Sex of Child \_\_\_\_\_

Anticipated Grade Level \_\_\_\_\_ Email address \_\_\_\_\_

Address - Permanent \_\_\_\_\_

Address - St. Kitts \_\_\_\_\_

Telephone - Permanent \_\_\_\_\_ Telephone - St. Kitts \_\_\_\_\_

Schools or Daycare child has attended with dates: \_\_\_\_\_

Languages spoken at home \_\_\_\_\_ Other languages spoken \_\_\_\_\_

List unique features of this child or describe special considerations: \_\_\_\_\_

List any known allergies of this child \_\_\_\_\_

- School records, if any, should be provided along with this application.
- Health records must be on file at Ross as well. Children must be immunized (age appropriate) with the following:

DPT, DT or Td - Diphtheria, Tetanus, Pertussis (Whooping Cough) Minimum of 4 doses

Polio Minimum of 4 doses

Measles/Rubella/Mumps Minimum of 2 doses  
(2 doses plus one after 15 months)

- Evidence of booster doses of diphtheria/tetanus if 10 years has lapsed since the last dose was administered.
- A history of having the disease of measles and/or mumps will be accepted only if confirmed by a physician and submitted in writing at the time of enrollment. A history of rubella will be accepted only if confirmed by laboratory evidence of rubella immunity and submitted in writing at the time of enrollment. Medical reasons for non immunization (MMR) should be brought to the attention of the nurse and the superintendent of RUSVM Prep School.

I/we are committed to working in partnership with teachers, administration and students of the RUSVM Prep School.

\_\_\_\_\_  
Parent / Guardian

\_\_\_\_\_  
Parent / Guardian