

# Metaphor Russian Language School

7000 Arlington Blvd., Falls Church VA 22042

Tel. (202) 492-2292, 413-0946

e-mail: SchoolMetaphor@gmail.com

www.MetaphorSchool.com

## Enrollment Form

*Please complete this enrollment form, and send it by mail with your payment at*

**6936 Regent Lane, Falls Church VA 22042-2615**

I wish to enroll my child at Metaphor Russian Language School for the  
20\_\_ - 20\_\_ Academic year. I am enclosing an

application fee of \$45.00,  a one month deposit,  and a payment of  
\$\_\_\_\_\_ For the period of  one month  three months  six months

I use the discount of \_\_\_\_\_% due to  advance payment  second child

Please take one of the discounts offered above.

### Applicant's Information

Child's Full

name \_\_\_\_\_

Commonly used first name \_\_\_\_\_  Male  Female

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Current Age \_\_\_\_\_

Applicant is Sibling of a Current Student \_\_\_\_\_

Level of your Child's Russian Language ( you may check more than one box )

Basic Comprehension  Basic Conversational  Basic Reading / Writing

Advanced Comprehension  Advanced speaking  Native

Advanced reading and writing  Other (explain) \_\_\_\_\_

### Applicant's School Experience

Previous School \_\_\_\_\_ Dates of Attendance \_\_\_\_\_

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

Dates of Attendance \_\_\_\_\_ Telephone # \_\_\_\_\_

Did your child take any Russian Classes Before?  Yes  No

Private classes  Evening group classes  Weekend school

Other (explain) \_\_\_\_\_

### How did you hear about us?

Internet (website)

Advertisement (source)

Friend / Relative (name) \_\_\_\_\_ Other (explain) \_\_\_\_\_

## Family Information

Language / Languages you speak at home \_\_\_\_\_

Who can help your child with his / her homework in Russian? \_\_\_\_\_

Mother's / Legal Guardian's name \_\_\_\_\_

Father's / Legal Guardian's name \_\_\_\_\_

Correspondence regarding this Application should be sent to the Address :

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Fax number ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Father's Occupation \_\_\_\_\_

Business Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Business Address \_\_\_\_\_

Mother's Occupation \_\_\_\_\_

Business Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Business Address \_\_\_\_\_

Financial Responsibility for applicant will be assumed by: \_\_\_\_\_

Applicant's brothers and sisters:

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

## Health Statement

Please state the Applicant's General State of Health: \_\_\_\_\_

Is the Applicant under the Care of a Physician? \_\_\_\_\_

Your child's primary physician: Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Is your child covered by medical Insurance?  Yes  No If yes,

Company \_\_\_\_\_ Policy # \_\_\_\_\_

Name of the Primary Insurance Holder \_\_\_\_\_

Does your child have any disability, illness or allergy of any kind, which may require special attention or would limit participation in school activities?

If yes, describe briefly. \_\_\_\_\_

Will your child come to school with any medications or injections? If yes.

Describe what and how often needed \_\_\_\_\_

### **Authorized Pick up Person**

Please list people your child can be released to

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

Please name a person your child cannot be released to (after court decision)

\_\_\_\_\_

### **Emergency contact (other than parent or legal guardian)**

Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_

Relation to the child \_\_\_\_\_

### **Program Placement**

Which program would you like to sign up for? You may choose more than one.

Full Day Program for the Youngest

Monday through Friday 8:00 am – 6:00 pm \_\_\_\_\_ \$1,000.00/ month

Art Program for the Youngest

Saturday, 10:00 am – 11:30 am \_\_\_\_\_ \$95.00/month

### **Additional Classes**

speech therapy       group \_\_\_ \$15.00/class       individual \$35.00/class

interactive class of English language with a native speaker / one hour a day

Starts in October

### **Included Documents**

I am including the following documents

Medical Form       Contract       Release Form       Program Regulations

### **Payment**

A \$45.00 non-refundable application fee must accompany each application.

Upon acceptance of the applicant, a non- refundable payment representing one month tuition is required to hold a place.

*I agree to the terms of enrollment and regulations  
of the School as stated on this application, the Information  
for 20\_\_\_\_ - 20\_\_\_\_ Enrollment Form and in the Info Sheet.*

\_\_\_\_\_  
*Parent's signature*

\_\_\_\_\_  
*Date*