

738 Main Street East Aurora, New York 14052
tel 716.374.0678 email info@MandalaSchool.org



Application checklist

- ☐ Application
- ☐ Child's application
- ☐ Family support information
- ☐ Student health information

Contact information

Parents/guardians	
Name	
Street	
Town, zip	
phone	
email	
Name	
Street	
Town, zip	
phone	
email	

*Submit forms to: Mandala School, 738 Main Street, East Aurora, NY 14052
or as email attachments to: info@MandalaSchool.org*

Parent/Guardian Application

Child's Name _____

Why are you choosing Mandala?

Please describe any of your child's special interests, talents, & skills:

Describe any particular challenges your child has:

Describe challenges you want your child to have:

At Mandala we encourage self-discipline and self-motivation. Part of most days is open time for students to work on their own interests. Are you comfortable with this approach to learning?

Do you think your child will take advantage of these times of choice?

Add any additional comments you wish:

Child's Application

(Parents, feel free to help)

Your name: _____

Describe some of your favorite learning experiences:

What do you wonder about?

Family/School Connection

Which times are better for you to help with maintenance and cleaning? evenings weekends
(Everybody needs to contribute time for maintaining the space and keeping costs down.)

What special talents & skills are you willing to share:

Please check any areas with which you can help:

☐ Grant writing

☐ Fundraising events

☐ Securing special guests

☐ Overnight field trips

___ single night

___ multi-night

☐ Parent/family liaison (organize clean-up days, meetings)

☐ General maintenance (painting, minor repairs, lawn work)

☐ Skilled work

___ plumbing

___ electrical

___ carpentry

___ roofing

___ computer programming

Student health information



Child's name _____

If family cannot be contacted, who else could be called?

_____	_____	_____
Name	Relationship	Telephone

Child's Medical Information

Date of Birth: _____ Age _____ Sex M F Ht _____ Wt _____

Any dietary restrictions:

Any adverse reaction to medication:

Any medications child is currently taking:

_____	_____
Family Physician	Telephone

Restrictions to student's activities advised by physician:

Other medical concerns or problems (explain):

Please send a copy of the vaccination record.

_____	_____
Date	Signature (Parent or Legal Guardian)



WALKING PERMISSION

738 Main Street, East Aurora, NY 14052

General Permission and Acknowledgment

I understand that my child will be involved in almost daily walking trips from the Mandala School and give my permission for those activities.

As children grow up parents allow greater responsibilities. Because of our proximity to the library and other nearby establishments, individuals and small groups are allowed to visit without adult supervision. Please check the level of responsibility you would like your child to assume:

- ☐ My child must always be accompanied by an adult when walking to another location
- ☐ My child may walk with another student
- ☐ My child may walk by his/herself.

Occasionally, school projects have involved small groups of students surveying the public, visiting businesses, or making observations while outside the school without an adult present.

Please initial if that is an acceptable activity for your child _____

Child's name _____

Parent/guardian _____
Signature

Date _____

Mandala School Parental/Guardian Consent Form

School Year: _____

We are sending you this parental consent form to both inform you and to request permission for your child's video/photo/image and personally identifiable information to be published on the school's newsletters, fliers, Facebook page, Instagram, website, and/or other social media outlets and publications.

As you are aware, there are potential dangers associated with the posting of personally identifiable information on a web site since global access to the Internet does not allow us to control who may access such information. These dangers have always existed; however, we as a school do want to show off your child and his/her work they accomplish at Mandala. The law requires that we ask for your permission to use information about your child.

Pursuant to law, we will not release any personally identifiable information without this consent form from you as parent or guardian.. Personally identifiable information includes student names, video, photo and/or images. Note: **We will never use children's last names.**

Check one of the following choices:

- ☐ I/We GRANT permission for this child's video/photo/image and all other personal identifiers listed above to be published on the Mandala School website, newsletters, fliers, Facebook page, Instagram, and/or other social media outlets and publications.
- ☐ I/We DO NOT GRANT permission for video/photos/images that include this student to be published on the Mandala School website, newsletters, fliers, Facebook page, Instagram, and/or other social media outlets and publications.

Print name of Child: _____

Print name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____