



Riverbend Academy Admission Application

PLEASE PRINT CLEARLY

Applicant's Name: _____ Date of Birth: ____ / ____ / ____
First Middle Last DD MM YY

Current Grade: ____ Applying to Grade: ____ Gender: ☐ Male ☐ Female First Language: _____

May we contact the applicant's current school? ☐ Yes ☐ No

Current School _____
Name and Address

School Type: ☐ Public ☐ Independent Dates Attended: _____

Please include copies of school reports from the current year and the past year.

Primary Caregiver

Relationship to Student

☐ Father ☐ Mother ☐ Guardian ☐ Other

Specify _____

Title First Last

Home Address: _____

Work Phone: _____ Cell Phone _____

Email: _____

Employer: _____

Position: _____

Education: _____

Student Resides with:

☐ Parents

☐ Father

General Correspondence to:

☐ Parents

☐ Father

Who is Financially Responsible:

☐ Parents

☐ Father

Are the Parents Separated:

☐ Yes

☐ No

Are the Parents Divorced:

☐ Yes

☐ No

If separated/divorced, who has custody:

☐ Parents

☐ Father

Secondary Caregiver

Relationship to Student

☐ Father ☐ Mother ☐ Guardian ☐ Other

Specify _____

Title First Last

Home Address: ☐ Same as Primary Caregiver

Work Phone: _____ Cell Phone _____

Email: _____

Employer: _____

Position: _____

Education: _____

☐ Mother

☐ Guardian

☐ Mother

☐ Guardian

☐ Mother

☐ Guardian

☐ Mother

☐ Guardian

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Does the applicant have any medical, physical, developmental or emotional conditions: ☐ Yes ☐ No

If Yes, please give particulars:

Please list any life threatening allergies:

Has the applicant ever been referred to or tested by agencies outside the school? (i.e. educational assessments, learning, speech, psychological, etc.): ☐ Yes ☐ No

If yes, please attach any additional information or documentation.

How did you hear about Riverbend Academy?

- | | |
|--------------------------|-------------------------------|
| <input type="checkbox"/> | Internet |
| <input type="checkbox"/> | Radio |
| <input type="checkbox"/> | RollerAd (mobile advertising) |
| <input type="checkbox"/> | Current Parent |
| <input type="checkbox"/> | Alumni Parent |
| <input type="checkbox"/> | Word of Mouth |
| <input type="checkbox"/> | School Signage |
| <input type="checkbox"/> | Open House |
| <input type="checkbox"/> | Other — please specify: _____ |

Thank you for your interest in Riverbend Academy. We value your privacy; personal information is not sold, leased, or traded and is used to evaluate this application.

This application includes complete and accurate information about the applicant.

Parent/Guardian Signature

Date of Application

Please note that all applicants are subject to a formal acceptance procedure and that acceptance is at the sole discretion of Riverbend Academy. Further, failure to disclose pertinent information may result in the withdrawal from Riverbend Academy.