

# **RIVERSIDE ACADEMY**

332 Railroad Ave.

Reserve, LA 70084

(985) 536-4246

[www.riversideacademy.com](http://www.riversideacademy.com)

## **APPLICATION FOR ADMISSION**



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### **NOTICE OF NON-DISCRIMINATORY POLICY AS TO STUDENTS**

Riverside Academy admits students of any race, color, national and ethnic origin to all rights, privileges, programs, and activities, generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national, and ethnic origin in administration of its educational policies, admissions policies, and athletic and other school-administered programs.

### **MISSION STATEMENT**

Our mission is to develop each individual student into becoming a life-long learner, to support students as they mature into responsible and moral individuals, and to dedicate ourselves to maintaining the highest academic standards in a family-oriented environment.

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\*\*\*\*FALSIFICATION, OMISSION, OR INCOMPLETE DISCLOSURE OF PERTINENT INFORMATION MAY RESULT IN IMMEDIATE EXPULSION OR DENIAL OF APPLICATION

# APPLICATION FOR ADMISSION

(COMPLETE FOR EACH STUDENT)

FOR OFFICE USE ONLY	
DATE REC'D	_____
GRADE	_____
ACCEPTED DATE	_____
REFUSAL DATE	_____
NOTIFIED	_____
BIRTH CERT REC'D	_____
IMM. REC'D	_____ SS# _____
TRANSCRIPT REC'D	_____
STUDENT ID#:	_____
FAMILY ID#	_____
OTHER RECORDS	_____

Referred by: \_\_\_\_\_

(Please Print Information Below As It Appears On All Permanent Records.)

Student's Name \_\_\_\_\_  
Last First Middle

Current Grade \_\_\_\_\_ Grade For Which Student Is Applying \_\_\_\_\_

Name By Which Student Is To Be Called/Nickname \_\_\_\_\_

Date Of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Birth Certificate # \_\_\_\_\_ Place Of Birth \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone# (\_\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

U.S.A. Citizen: Yes \_\_\_\_\_ No \_\_\_\_\_ Race \_\_\_\_\_ Student's Social Security Number \_\_\_\_\_

School Applicant Is Attending Or Last Attended \_\_\_\_\_  
Name Of School Dates Attended

Street Address/P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_ Area Code Phone \_\_\_\_\_

Previous Schools Attended \_\_\_\_\_  
Name Of School(s) Dates Attended

Father's Name \_\_\_\_\_ Riverside Alumnus: Yes \_\_\_\_\_ No \_\_\_\_\_  
Last First Middle

Father's Address \_\_\_\_\_ (If Different) Street/P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_ Home Phone \_\_\_\_\_

Father's Occupation \_\_\_\_\_ Firm's Name \_\_\_\_\_

Father's Work Phone: \_\_\_\_\_ Father's Cell Phone: \_\_\_\_\_ Father's Email: \_\_\_\_\_

Mother's Name \_\_\_\_\_ Riverside Alumnus: Yes \_\_\_\_\_ No \_\_\_\_\_  
Last First Maiden

Mother's Occupation \_\_\_\_\_ Firm's Name \_\_\_\_\_

Mother's Work Phone: \_\_\_\_\_ Mother's Cell Phone: \_\_\_\_\_ Mother's Email: \_\_\_\_\_

Mother's Address \_\_\_\_\_ (If Different) Street/P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_ Home Phone \_\_\_\_\_

Billing Address \_\_\_\_\_  
Street Address/P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Applicant Lives With (Check All That Apply)

Check All That Apply

\_\_\_ Father \_\_\_ Stepfather \_\_\_ Other

\_\_\_ Father Is Deceased \_\_\_ Parents Are Divorced

\_\_\_ Mother \_\_\_ Stepmother \_\_\_ Other

\_\_\_ Mother Is Deceased \_\_\_ Parents Separated

\_\_\_ Grandmother \_\_\_ Grandfather

If separated or divorced who has *legal* custody \_\_\_\_\_

List name and work phone number of stepparent residing with applicant's custodial parent or legal guardian:

**DRUG TESTING POLICY FOR RIVERSIDE ACADEMY**

In order to register your child, we must have your consent to his/her participation in our drug-testing program, random drug testing includes grades 6-12.

Our policy states:

Parents of students testing positive will receive a phone call to set up a conference. The results of a positive test will be confidential between the parents and the administrators. The parents should seek assistance outside of the school. Any student shown to be using drugs is expected to receive professional assistance while remaining in school.

The student will be retested 100 days from the initial meeting and retested bimonthly at the expense of the parents for at least the next 12 months and quarterly thereafter or until the student graduates.

A second positive test will result in dismissal from school.

A copy of the entire policy can be found in the student handbook.

Your signature on this form indicates your consent to our policy for as long as your children attend Riverside Academy, if you do not consent, your child will not be accepted.

General health of student: Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_. Please explain any conditions, physical or psychological

Has applicant ever been retained? Yes \_\_\_\_\_ No \_\_\_\_\_ Comments: \_\_\_\_\_

Has student ever been diagnosed for or enrolled in any special education program or special school? (i.e. Resource Room, L.D. Placement, Attention Deficit, etc)? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain \_\_\_\_\_

My child can appear in advertisements for Riverside Academy, which include print, photo, or recorded mediums.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I give my consent for my child/children to be checked out by the people listed below:

Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Identification must be presented at the time of check out.

**CONSENT FOR MEDICAL TREATMENT**

Should my child become ill or injured while under school supervision, I approve of the school administering minor or incidental first aid.

In the event of a more serious illness or injury, I authorize Riverside Academy to:

Contact a parent or legal guardian of the student and follow his/her instructions. Emergency name and phone number other than parent:

Emergency Name	Phone No.
Emergency Name	Phone No.
Emergency Name	Phone No.

If, in the opinion of a properly licensed and practicing physician, my child needs medical or surgical services, which require my consent before being supplied, and I cannot be reached, I hereby authorize, appoint, and empower the principal or his/her designated representative, to furnish on my behalf such written or oral authorization as may be required.

Dr.: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Furthermore, I release the principal or his/her designated representative, and Riverside Academy from any liability which might arise as the result of medical service and treatment provided by any physician or hospital or medical facility pursuant to such authorization, it being my desire that my child be furnished with such medical or surgical services as soon as possible after the need arises. I agree to be responsible for any cost of medical service or treatment to my child as the result of the above authorization and agree to indemnify and hold harmless Riverside Academy, the principal, and/or his/her representative from any expense incurred for said treatment or services.

Does your child have allergic reactions of any sort? Yes \_\_\_\_\_ No \_\_\_\_\_ If any, please explain \_\_\_\_\_

Does your student take medication on a regular basis? Yes \_\_\_\_\_ No \_\_\_\_\_ Describe: \_\_\_\_\_

Do you wish to purchase student accident insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Signature of Mother

\_\_\_\_\_  
Signature of Father

\_\_\_\_\_  
Signature of Guardian

\_\_\_\_\_  
Date

\*Registration fees, tuition, and all student fees are non-refundable.

**RIVERSIDE ACADEMY**  
**2017-2018**  
**TUITION & FEE SCHEDULE**

Tuition Rates		FAMILY TUITION DISCOUNTS (Deducted from total)	
		Children	Discount
High School (9 <sup>th</sup> -12 <sup>th</sup> )	\$6,248.00	2	13%
Middle School (6 <sup>th</sup> -8 <sup>th</sup> )	\$5,198.00	3	28%
Elementary (KD-5 <sup>th</sup> )	\$4,883.00	4 or more	34%
Pre – K (5 day)	\$4,463.00		
Pre – K (3 day)	\$3,290.00		
Pre – K (2 day)	\$2,365.00		
Pre – K 2 year old (5 days)	\$4,150.00		
Pre – K 2 year old (3 days)	\$3,150.00		

**5% discount given on total tuition paid in full by May 31, 2017**

*Discount Example: 1 middle school student + 1 elementary student (\$5,198+\$4,883)-13%=\$8,770.47*  
*Pay in Full Example: 1 middle school student + 1 elementary student*  
*(\$5,198+\$4,883)-13%=\$8,770.47- 5% = \$8,331.94*

*For pay in full amount, please call the front office.*

**REGISTRATION FEE\*\***

**Existing Families**

Registration for presently enrolled students and siblings begins February 6, 2017. Presently enrolled students must be registered by March 10, 2017 to guarantee placement for the 2017-2018 school year.

**Application for Admission forms for new siblings may be picked up in the high school or elementary office.**

6 – 12 <sup>th</sup> Grade	Fee	\$250.00 per student if registered <i>by March 10, 2017</i> \$350.00 per student if registered <i>after March 10, 2017</i>
Pre K – 5 <sup>th</sup> Grade	Fee	\$175.00 per student if registered <i>by March 10, 2017</i> \$250.00 per student if registered <i>after March 10, 2017</i>

**New Families**

Open registration begins on March 6, 2017 and continues during normal school hours thereafter.

6 – 12 <sup>th</sup> Grade	Fee	\$250.00 per student**
Pre K – 5 <sup>th</sup> Grade	Fee	\$175.00 per student**

When registering a student for the first time, a parent must bring the following:

1. Copy of State Certified Birth Certificate
2. Immunization Records
3. Copy of Student's Social Security Card
4. Last Year's Final Report Card and Current Report Card
5. Discipline Records or a Letter of Recommendation from Last School Attended
6. Standardized Test Scores
7. Copy of Parent and/or Responsible Party Driver's License

**\*\*Registration fees, Tuition, and all student fees are non-refundable.**

**RIVERSIDE ACADEMY  
2017-2018  
TUITION & FEE SCHEDULE  
PAGE 2**

**BUS FEES**

Students	Monthly (Auto Draft)	Annual
1	\$75.00	\$675.00
2	\$115.00	\$1,035.00
3	\$145.00	\$1,305.00
4 or more	\$175.00	\$1,575.00

There are no deductions for students riding one way. If a student drops from the bus during the school year, the office must be notified by completing the proper form in advance of monthly billing.

**BUS REGISTRATION\* \***

Fee \$150.00 per family

\*Bus registration must be turned in with school registration in order to guarantee a seat on the bus. **Buses are filled on a first-come, first-serve basis.** Non-Refundable Fee.

**CAPITAL IMPROVEMENT FEE\*\***

Fee \$200.00 per family due at registration

\*Capital Improvement Fee is due at the time of registration. If the full payment is not received at registration, it will automatically be added to your monthly auto draft. Non-Refundable Fee.

**TUITION PAYMENT OPTIONS**

1. 100% pay in full – due by May 31, 2017. (5% discount given on total tuition)
2. Auto Draft – Checking, Savings, or Credit Card Account. 11 equal payments on the 10<sup>th</sup> of each month beginning June, 2017 and ending May, 2018 with no deduction in February 2018. (Bus payments – August 2017 through May 2018, with no deduction February 2018) Credit card tuition payments will be assessed a 2.5% handling fee.

NSF checks/draft payments will be subject to a \$30.00 Service Charge. If not paid by 20<sup>th</sup> a \$25.00 Late Fee will also be assessed.

Financial Aid applications are online through SMART Tuition. You may access the application at [smartaidforparents.com](http://smartaidforparents.com) using School Code of 90074. \*Deadline to apply is April 15, 2017. The cost to apply is \$35.00. This must be paid online.

**2017-2018 YEARBOOK**

When the 2017-2018 yearbooks are received in the fall of 2018 the youngest child in each family will receive one yearbook, as long as there are no outstanding balances due. Additional yearbooks may be purchased.

**BEFORE AND AFTER CARE FEE - \$2.35 PER HOUR**



**RIVERSIDE ACADEMY**  
**332 RAILROAD AVENUE, RESERVE, LA 70084**  
**(PHONE) 985-536-4246 (FAX) 985-536-2127**  
**2017-2018 REGISTRATION**  
[www.riversideacademy.com](http://www.riversideacademy.com)

Parents/Guardian \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street & Number and/or PO Box , City, State Zip Code

Phone \_\_\_\_\_

Parents/Guardian \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street & Number and/or PO Box City State Zip Code

Cell Phone (Dad): ( ) \_\_\_\_\_ Cell Phone (Mom): ( ) \_\_\_\_\_

Work Phone (Dad): ( ) \_\_\_\_\_ Work Phone (Mom): ( ) \_\_\_\_\_

Father's Employer \_\_\_\_\_ Mother's Employer \_\_\_\_\_

Father's Email \_\_\_\_\_ Mother's Email \_\_\_\_\_

If parents are not living together, who does the child reside with \_\_\_\_\_

Transportation – Please Check One: Bus \_\_\_\_\_ Car \_\_\_\_\_ Other \_\_\_\_\_

Child's Name \_\_\_\_\_ Grade Going To \_\_\_\_\_ If PK # of days \_\_\_\_\_

Child's Name \_\_\_\_\_ Grade Going To \_\_\_\_\_ If PK # of days \_\_\_\_\_

Child's Name \_\_\_\_\_ Grade Going To \_\_\_\_\_ If PK # of days \_\_\_\_\_

Child's Name \_\_\_\_\_ Grade Going To \_\_\_\_\_ If PK # of days \_\_\_\_\_

**\*\*Pre-K 2 2, 3 or 5 days Pre-K 3 2, 3 or 5 days Pre-K 4 3 or 5 days\*\***

**Person(S) Responsible For Tuition**

Choose a payment option:

100% pay in full by May 31, 2017. (5% discount given on total tuition if paid in full)

Auto Draft- (Please Mark Which One)  Checking,  Savings,  Credit Card 11 equal payments on the 10<sup>th</sup> of each month beginning June 2017 and ending May 2018, with no deduction in February 2018. (Bus payments – August through May, with no deduction in February) NSF checks/draft payments will be subject to a \$30 Service Charge. If not paid by the 20<sup>th</sup> an additional \$25 Late Fee will be assessed. If the Capital Improvement Fee is not received at registration, it will automatically be added to the Auto Draft Payment.

Name \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

Mailing Address \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Responsible party's signature** \_\_\_\_\_

**Note: Registration fees, Tuition, and all student fees are non-refundable.**

For Office Use Only:

**My child can appear in advertisements for Riverside Academy, which include print, photo, or recorded mediums.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

For Office Use Only:

\*Registration \_\_\_\_\_ \*Bus Registration \_\_\_\_\_ Capital Improvement Fee \_\_\_\_\_

New Tuition \_\_\_\_\_ Current Tuition \_\_\_\_\_

New Bus Tuition \_\_\_\_\_ Current Bus Tuition \_\_\_\_\_

Total Amount Paid \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_

Date \_\_\_\_\_ Family ID Code \_\_\_\_\_



2017-2018 Riverside Academy Bus Registration
332 Railroad Avenue, Reserve, La 70084 (Phone) 985-536-4246 (Fax) 985-536-2127

www.riversideacademy.com

Parents/Guardian \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street & Number and/or PO Box City State Zip Code

Phone \_\_\_\_\_

Cell Phone (Dad): ( ) \_\_\_\_\_ Cell Phone (Mom): ( ) \_\_\_\_\_

Work Phone (Dad): ( ) \_\_\_\_\_ Work Phone (Mom): ( ) \_\_\_\_\_

Father's Employer \_\_\_\_\_ Mother's Employer \_\_\_\_\_

Bus Number Currently Riding: \_\_\_\_\_

Bus riders must pay full amount (no deductions for one way). If a student drops from the bus during the school year, the office must be notified by completing the proper form in advance of monthly billing.

A.M. Pickup Address \_\_\_\_\_

P.M. Drop Off Address \_\_\_\_\_

Name of 1st student \_\_\_\_\_ Grade going to \_\_\_\_\_ If PK # of days \_\_\_\_\_

Name of 2nd student \_\_\_\_\_ Grade going to \_\_\_\_\_ If PK # of days \_\_\_\_\_

Name of 3rd student \_\_\_\_\_ Grade going to \_\_\_\_\_ If PK # of days \_\_\_\_\_

Name of 4th student \_\_\_\_\_ Grade going to \_\_\_\_\_ If PK # of days \_\_\_\_\_

Name & address of person(s) responsible for bus tuition if different from above:

Name \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Responsible party's signature \_\_\_\_\_

Bus registration fee per family must be paid at the time of registration. Buses are filled on a first come first serve basis.

Bus fees are paid on a nine (9) month basis (August through May, with no deduction in February 2018)

\*\*Registration fees, Tuition, and all student fees are non-refundable.

All Areas

Table with 2 columns: Student count and Fee amount. Rows: 1 Student \$75.00 (\$675.00 per year), 2 Students \$115.00 (\$1,035.00 per year), 3 Students \$145.00 (\$1,305.00 per year), 4 Students \$175.00 (\$1,575.00 per year)

Bus Routes will be evaluated by administration & bus coordinator on a regular basis in order to provide routing efficiency for both Riverside Academy and our students.

For office use only: Bus number \_\_\_\_\_



This form must be filled out entirely every year at time of registration due to federal and bank regulations.

## **DEBIT AUTHORIZATION FORM**

I (we) hereby authorize **Riverside Academy Inc** , hereafter called COMPANY, to initiate entries to my (our)  **Checking Account** /  **Savings Account (select one)** indicated below at the financial institution listed below, hereafter call THE FINANCIAL INSTITUTION, and to debit the same to such account, and, if necessary, initiate adjustments for any transactions credited/debited in error. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U. S. Law. This authorization is to remain in effect until THE COMPANY is notified by me (or either of us) in writing to cancel it in such time and in such manner as to afford COMPANY and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it. **I understand that any changes I need to make to my ACH must be sent to the office in writing no later than the first of the month the account is to be debited. A \$30 service fee will be assessed for those changes made.**

\_\_\_\_\_  
Name of Financial Institution (Please Print)

\_\_\_\_\_  
(Address of Financial Institution - Branch, City, State & Zip (Please Print)

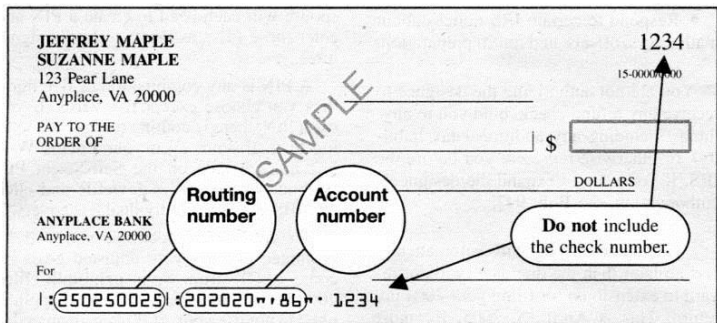
\_\_\_\_\_  
(Name appearing on Account- (Please Print)

\_\_\_\_\_  
(Address appearing on Account (Please Print)

Financial Institution Routing Number: \_\_\_\_\_

Checking/Savings Account Number: \_\_\_\_\_

**Please attach a VOIDED CHECK to this authorization if a checking account will be debited.**



Note. The routing and account numbers may be in different places on your check.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Family ID Code# \_\_\_\_\_

*This form must be filled out entirely every year at time of registration due to federal and bank regulations.*

**CREDIT CARD  
DEBIT AUTHORIZATION FORM**

I (we) hereby authorize **Riverside Academy Inc** , hereafter called COMPANY, to initiate entries to my (our) credit card listed below, and to debit the same on the tenth of each month to such account, and, if necessary, initiate adjustments for any transactions credited/debited in error. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U. S. Law. This authorization is to remain in effect until THE COMPANY is notified by me (or either of us) in writing to cancel it in such time and in such manner as to afford COMPANY a reasonable opportunity to act on it. **I understand that any changes I need to make to my ACH must be sent to the office in writing no later than the first of the month the account is to be debited. A \$30 service fee will be assessed for changes made.**

**Credit card tuition payments will be assessed a handling fee of 2.5%.**

\_\_\_\_\_  
Name of Credit Card (VISA, MasterCard, or Discover) (Please Print)

\_\_\_\_\_  
Name appearing on Card (Please Print)

\_\_\_\_\_  
Address appearing on card account (Please Print) City, State, Zip

Credit Card Number: \_\_\_\_\_

Card Expiration Date: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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Riverside Academy account information (Please Print):

\_\_\_\_\_  
Family Name (if different from above)

\_\_\_\_\_  
Address (if different from above) City, State, Zip

Family ID Code # \_\_\_\_\_