RIVERSIDE ACADEMY
332 Railroad Ave.
Reserve, LA  70084
(985) 536-4246
www.riversideacademy.com

APPLICATION FOR ADMISSION

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.
APPLICATION FOR ADMISSION
(COMPLETE FOR EACH STUDENT)

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 ___________________________________________________________
City __________________________ State __________ Zip Code _____________________

Home Phone# (_______)______________________

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 __________ Zip Code __________

Previous Schools Attended ________________________________________________
Name Of School(s) ______________________ Dates Attended _______________________

Father’s Name __________________________________________________________
Last __________ First __________ Middle __________

Riverside Alumnus: Yes_____ No____

Father’s Address ___________________________ (_______)
(If Different) Street/P.O. Box __________ City __________ State __________ Zip Code __________

Father’s Occupation ___________________________ Firm’s Name_____________________

Father’s Work Phone: ______________________ Father’s Cell Phone: ____________ Father’s Email: ____________

Mother’s Name __________________________________________________________
Last __________ First __________ Maiden________________________________________

Riverside Alumnus: Yes_____ No____

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 __________ Zip Code __________

Billing Address ________________________________
Street Address/P.O. Box __________________________ City __________ State __________ Zip Code __________
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:

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>Emergency Name</th>
<th>Phone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

## TUITION & FEE SCHEDULE

<table>
<thead>
<tr>
<th>Tuition Rates</th>
<th>FAMILY TUITION DISCOUNTS (Deducted from total)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Children</strong></td>
<td><strong>Discount</strong></td>
</tr>
<tr>
<td>High School (9th-12th)</td>
<td>$6,248.00</td>
</tr>
<tr>
<td>Middle School (6th-8th)</td>
<td>$5,198.00</td>
</tr>
<tr>
<td>Elementary (KD-5th)</td>
<td>$4,883.00</td>
</tr>
<tr>
<td>Pre – K (5 day)</td>
<td>$4,463.00</td>
</tr>
<tr>
<td>Pre – K (3 day)</td>
<td>$3,290.00</td>
</tr>
<tr>
<td>Pre – K (2 day)</td>
<td>$2,365.00</td>
</tr>
<tr>
<td>Pre – K 2 year old (5 days)</td>
<td>$4,150.00</td>
</tr>
<tr>
<td>Pre – K 2 year old (3 days)</td>
<td>$3,150.00</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Grade</th>
<th>Fee</th>
</tr>
</thead>
</table>
| 6 – 12th Grade| **$250.00 per student if registered by March 10, 2017**  
**$350.00 per student if registered after March 10, 2017** |
| Pre K – 5th Grade| **$175.00 per student if registered by March 10, 2017**  
**$250.00 per student if registered after March 10, 2017** |

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

<table>
<thead>
<tr>
<th>Grade</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 – 12th Grade</td>
<td><strong>$250.00 per student</strong>**</td>
</tr>
<tr>
<td>Pre K – 5th Grade</td>
<td><strong>$175.00 per student</strong>**</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Students</th>
<th>Monthly (Auto Draft)</th>
<th>Annual</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$75.00</td>
<td>$675.00</td>
</tr>
<tr>
<td>2</td>
<td>$115.00</td>
<td>$1,035.00</td>
</tr>
<tr>
<td>3</td>
<td>$145.00</td>
<td>$1,305.00</td>
</tr>
<tr>
<td>4 or more</td>
<td>$175.00</td>
<td>$1,575.00</td>
</tr>
</tbody>
</table>

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 10th 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 20th 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 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
Parents/Guardian

Mailing Address:

Phone

Parents/Guardian

Mailing Address:

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 10th 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 20th 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.

☐ 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
Parents/Guardian ________________________________________________________________

Mailing Address: ________________________________________________________________

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>
<thead>
<tr>
<th># of Students</th>
<th>Fee</th>
<th>($ per year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Student</td>
<td>$75.00</td>
<td>($675.00 per year)</td>
</tr>
<tr>
<td>2 Students</td>
<td>$115.00</td>
<td>($1,035.00 per year)</td>
</tr>
<tr>
<td>3 Students</td>
<td>$145.00</td>
<td>($1,305.00 per year)</td>
</tr>
<tr>
<td>4 Students</td>
<td>$175.00</td>
<td>($1,575.00 per year)</td>
</tr>
</tbody>
</table>

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 VOILED CHECK to this authorization if a checking account will be debited.

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)

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

Credit Card Number: ________________________________

Card Expiration Date: ________________________________

Signature ___________________________  Date __________________

__________________________________________
Riverside Academy account information (Please Print):

__________________________________________
Family Name (if different from above)

__________________________________________  City, State, Zip
Address (if different from above)

Family ID Code # __________________