

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.

****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
2019-2020
TUITION & FEE SCHEDULE

	Tuition Rates	FAMILY TUITION DISCOUNTS (Deducted from total)	
		Children	Discount
High School (9 th -12 th)	\$6,495.00	2	13%
Middle School (6 th -8 th)	\$5,395.00	3	28%
Elementary (KD-5 th)	\$5,095.00	4 or more	34%
Pre – K (5 day)	\$4,645.00		
Pre – K (3 day)	\$3,395.00		
Pre – K (2 day)	\$2,445.00		
Pre – K 2 year old (5 days)	\$4,345.00		
Pre – K 2 year old (3 days)	\$3,295.00		
Pre – K 2 year old (2 days)	\$2,295.00		
<i>Discount Example: 1 middle school student + 1 elementary student (\$5,395+\$5,095)-13%=\$9,126.30</i>			
<i>Pay in Full Example: 1 middle school student + 1 elementary student</i>			
<i>(\$5,395+\$5,095)-13%=\$9,126.30– 5% = \$8,669.99</i>			
<i>For pay in full amount, please call the front office.</i>			

REGISTRATION FEE**

Existing Families

Registration for presently enrolled students and siblings begins February 4, 2019. Presently enrolled students must be registered by March 11, 2019 to guarantee placement for the 2019-2020 school year.

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

6 – 12 th Grade	Fee	\$250.00 per student if registered <i>by March 11, 2019</i> \$350.00 per student if registered <i>after March 11, 2019</i>
Pre K – 5 th Grade	Fee	\$175.00 per student if registered <i>by March 11, 2019</i> \$250.00 per student if registered <i>after March 11, 2019</i>

New Families

Open registration begins on March 1, 2019 and continues during normal school hours thereafter.

6 – 12 th Grade	Fee	\$250.00 per student**
Pre K – 5 th 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
2019-2020
TUITION & FEE SCHEDULE
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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, 2019. (5% discount given on total tuition)
2. Auto Draft – Checking, Savings, or Credit Card Account. 12 equal payments on the 10th of each month beginning June, 2019 and ending May, 2020. (Bus payments – September 2019 through May 2020) 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 smartaidthforparents.com using School Code of 90074. *Deadline to apply is April 15, 2019. The cost to apply is \$35.00. This must be paid online.

2019-2020 YEARBOOK

When the 2019-2020 yearbooks are received in the winter of 2020 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 - \$2.50 PER HOUR



RIVERSIDE ACADEMY
332 RAILROAD AVENUE, RESERVE, LA 70084
(PHONE) 985-536-4246 (FAX) 985-536-2127
2019-2020 REGISTRATION
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, 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, 2019. (5% discount given on total tuition if paid in full)

Auto Draft- (Please Mark Which One) Checking, Savings, Credit Card 12 equal payments on the 10th of each month beginning June 2019 and ending May 2020. (Bus payments – September through May) 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.

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 _____



2019-2020 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 (September through May)

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

Table with 2 columns: Number of Students and Fee per year. Includes 'All Areas' header. 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)

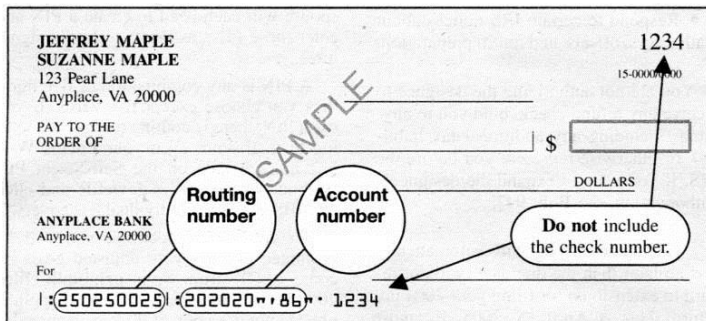
(Name appearing on Account- (Please Print)

(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 _____

Riverside Academy account information (Please Print):

Family Name (if different from above)

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

Family ID Code # _____