

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: _____

Signature of Mother

Signature of Father

Signature of Guardian

Date

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