

**RIVERSIDE ACADEMY**  
**332 Railroad Ave.**  
**Reserve, LA 70084**  
**(985) 536-4246**  
**[www.riversideacademy.com](http://www.riversideacademy.com)**

## **APPLICATION FOR ADMISSION**



**Completion of this application does not grant admission. Every application is subject to review.**

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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: \_\_\_\_\_

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

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

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

\_\_\_\_\_  
Date

\*Application fee, registration fees, tuition, and all student fees are non-refundable.