



STUDENT INFORMATION

NAME: _____
FIRST MIDDLE LAST

APPLYING FOR GRADE: _____

AGE: _____ DATE OF BIRTH: ____ / ____ / ____ GENDER: (CIRCLE ONE) MALE FEMALE
MM DD YY

ADDRESS: _____

APT #: _____ CITY: _____ STATE: _____

ZIP: _____ PHONE: _____

EMAIL ADDRESS: _____

STUDENT LIVES WITH: _____

PARENT/GUARDIAN INFORMATION

MARITAL STATUS: (CIRCLE ALL THAT APPLY)

MARRIED SEPARATED DIVORCED SINGLE REMARRIED (1 STEPPARENT)
MOTHER DECEASED FATHER DECEASED BOTH PARENTS DECEASED

FATHER/GUARDIAN: _____

OCCUPATION: _____ EMAIL ADDRESS: _____

WORK PHONE: _____ CELL PHONE: _____

MOTHER/GUARDIAN: _____

OCCUPATION: _____ EMAIL ADDRESS: _____

WORK PHONE: _____ CELL PHONE: _____

EDUCATIONAL BACKGROUND

STUDENT NAME: _____ GOES BY: _____ PRESENT GRADE: _____

LINE 1: LIST THE SCHOOL THAT STUDENT IS CURRENTLY ATTENDING

LINE 2: LIST ANY OTHER PREVIOUS SCHOOL

1. _____
SCHOOL ADDRESS GRADE LEVEL(S)

2. _____
SCHOOL ADDRESS GRADE LEVEL(S)

IF YOUR CHILD IS CURRENTLY BEING HOMESCHOOLED, PLEASE PROVIDE THE NAME OF ANY PERSON OR ORGANIZATION THAT IS BEING USED TO EVALUATE YOUR CHILD:

HAS YOUR CHILD EVER REPEATED A GRADE? (CIRCLE ONE): YES NO *IF YES, PLEASE DESCRIBE BELOW

HAS YOUR CHILD EVER BEEN CONSIDERED FOR ANY TYPE OF SPECIAL NEEDS OR ACCELERATED LEARNING CLASS? (CIRCLE ONE): YES NO *IF YES, PLEASE DESCRIBE BELOW

HAS A PSYCHOLOGICAL EVALUATION OR CLINICAL EDUCATIONAL TESTING BEEN DONE TO YOUR CHILD?
(CIRCLE ONE): YES NO *IF YES, PLEASE ATTACH A COPY

HAS AN INDIVIDUAL EDUCATION PLAN (IEP) EVER BEEN DEVELOPED FOR YOUR CHILD?
(CIRCLE ONE): YES NO *IF YES, PLEASE ATTACH A COPY

IS YOUR CHILD CURRENTLY RECEIVING HELP OUTSIDE THE CLASSROOM, SUCH AS TUTORING, READING HELP, OR SPEECH THERAPY? (CIRCLE ONE): YES NO *IF YES, PLEASE DESCRIBE BELOW

HAS YOUR CHILD EVER BEEN SUSPENDED OR EXPELLED FROM A PREVIOUS SCHOOL?
(CIRCLE ONE): YES NO *IF YES, PLEASE EXPLAIN ON THE BACK OF THIS APPLICATION

DOES YOUR CHILD HAVE ANY ALLERGIES OR OTHER HEALTH CONDITIONS?
(CIRCLE ONE): YES NO *IF YES, PLEASE DESCRIBE BELOW

DOES YOUR CHILD TAKE ANY MEDICATION?

(CIRCLE ONE): YES NO *IF YES, PLEASE DESCRIBE BELOW

PLEASE CIRCLE IF YOU OR A TEACHER HAVE NOTED ANY OF THE FOLLOWING ABOUT YOUR CHILD AT HOME AND/OR AT SCHOOL:

AGGRESSIVE BEHAVIOR	AT HOME	AT SCHOOL
DISTRACTIBILITY	AT HOME	AT SCHOOL
HAS DIFFICULTY FOLLOWING VERBAL INSTRUCTIONS	AT HOME	AT SCHOOL
HAS DIFFICULTY FOLLOWING WRITTEN INSTRUCTIONS	AT HOME	AT SCHOOL
HAS DIFFICULTY WITH VERBAL EXPRESSION	AT HOME	AT SCHOOL
DISTURBS OTHERS WHEN IN GROUP SETTINGS	AT HOME	AT SCHOOL
DOES NOT COMPLETE TASKS	AT HOME	AT SCHOOL
NEEDS CONSTANT DIRECTION	AT HOME	AT SCHOOL
WITHDRAWALS FROM GROUP SETTINGS	AT HOME	AT SCHOOL
DOES NOT RESPOND TO DISCIPLINE	AT HOME	AT SCHOOL

PLEASE LIST ALL OF YOUR OTHER CHILDREN AND INDICATE THEIR GRADE ALONG WITH THEIR APPLICATION STATUS: NAME(S), CURRENT GRADE, AGE, AND IF THEY ARE APPLYING TO RIVERVIEW CHRISTIAN SCHOOL CIRCLE YES OR NO BELOW.

NAME	CURRENT GRADE	AGE	YES	NO
NAME	CURRENT GRADE	AGE	YES	NO
NAME	CURRENT GRADE	AGE	YES	NO
NAME	CURRENT GRADE	AGE	YES	NO

WHAT DO YOU SEE AS THE PARENT'S ROLE IN THEIR CHILD'S EDUCATION?

WHAT DO YOU BELIEVE IS THE PURPOSE OF THE EDUCATIONAL PROGRAM?

WHY DO YOU WANT YOUR CHILD TO BE A STUDENT AT RIVERVIEW CHRISTIAN SCHOOL?

CHURCH AFFILIATION

DO YOU REGULARLY ATTEND RIVERVIEW CHRISTIAN FELLOWSHIP? (CIRCLE ONE): YES NO

IF YES, HOW OFTEN? _____

IF YES, HOW LONG HAVE YOU BEEN IN REGULAR ATTENDANCE? _____

IF YOU DO NOT ATTEND RIVERVIEW CHRISTIAN FELLOWSHIP, NAME THE CHURCH YOU ATTEND:

LIST THE MINISTRIES AND ACTIVITIES THAT YOU ARE INVOLVED IN AT RIVERVIEW CHRISTIAN FELLOWSHIP:

IF YOU DO NOT ATTEND RIVERVIEW CHRISTIAN FELLOWSHIP, PLEASE DESCRIBE YOUR PARTICIPATION AND MINISTRY IN YOUR CHURCH:

PLEASE DESCRIBE YOUR PERSONAL RELATIONSHIP WITH JESUS CHRIST:

PLEASE WRITE IN YOUR OWN WORDS A BRIEF STATEMENT THAT EXPRESSES YOUR PERSONAL RELATIONSHIP WITH JESUS CHRIST: *REQUIRED FOR STUDENTS APPLYING FOR THIRD GRADE AND ABOVE

APPLICATION CHECKLIST

- ___ I HAVE COMPLETED ALL PARTS OF THIS APPLICATION. *INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED
- ___ I HAVE ENCLOSED A COPY OF THE MOST RECENT REPORT CARD.
- ___ I HAVE ENCLOSED A COPY OF MY CHILD'S ACHIEVEMENT TESTS.
- ___ I HAVE ENCLOSED A COPY OF ALL PSYCHOLOGICAL AND EDUCATIONAL TESTING PERTAINING TO MY CHILD. *IF APPLICABLE
- ___ I HAVE ATTACHED A PHOTO OF MY CHILD. *FOR IDENTIFICATION PURPOSES ONLY
- ___ I GIVE PERMISSION FOR STAFF TO PHOTOGRAPH MY CHILD FOR SCHOOL PURPOSES.
- ___ I UNDERSTAND THAT RIVERVIEW CHRISTIAN SCHOOL CANNOT GUARANTEE THAT YOU OR YOUR CHILD(REN) WILL NOT CONTRACT AN ILLNESS BY ATTENDING IN-PERSON INSTRUCTION. FURTHER, ATTENDING ACTIVITIES ON THE RIVERVIEW CHRISTIAN SCHOOL CAMPUS COULD INCREASE YOUR RISK AND YOUR FAMILY'S RISK.
- ___ I AGREE TO HOLD HARMLESS RIVERVIEW CHRISTIAN SCHOOL FROM COMPLICATIONS THAT MAY ARISE AS PART OF ATTENDING IN-PERSON SCHOOL THAT IS OUTSIDE OF THE CONTROL OF RIVERVIEW CHRISTIAN SCHOOL.
- ___ I HAVE ENCLOSED THE **APPLICATION FEE OF \$180.00** *THIS FEE IS NON-REFUNDABLE; HOWEVER, IF A STUDENT IS NOT ACCEPTED TO RIVERVIEW CHRISTIAN SCHOOL, THE APPLICATION FEE WILL BE RETURNED.

IN SIGNING THIS APPLICATION, I AGREE THAT:

- I. ALL OF THE INFORMATION PROVIDED IS ACCURATE AND COMPLETE.
- II. RIVERVIEW CHRISTIAN SCHOOL RESERVES THE RIGHT TO PLACE MY CHILD AT THE APPROPRIATE GRADE LEVEL.
- III. RIVERVIEW CHRISTIAN SCHOOL RESERVES THE RIGHT TO DISMISS ANY CHILD THAT DOES NOT COOPERATE WITH THE EDUCATIONAL PROCESS.

I HAVE READ THE FINANCIAL POLICY IN THE PARENT/STUDENT HANDBOOK AND WILL MAKE PAYMENTS AT THE APPROPRIATE TIME

FATHER'S/GUARDIAN'S SIGNATURE: _____
SIGNATURE DATE

MOTHER'S/GUARDIAN'S SIGNATURE: _____
SIGNATURE DATE

END OF APPLICATION

FOR OFFICE USE ONLY

DATE: _____

REFERRED BY: _____

DATE RECEIVED: _____

AMOUNT: _____

FEE: CHECK # _____ CASH: _____