



Riverhill School
 2826 County Road 30
 Florence, Alabama 35634
 (256) 764-8200
 FAX (256) 766-7006

STUDENT ENROLLMENT APPLICATION

- Please complete both sides and return with the \$100 non-refundable application fee. This application is not valid without the application fee.

Student Information:

Full name of applicant: _____

Name by which applicant is addressed: _____ Gender: _____

Home address: _____ Telephone number: _____

_____ Age: _____ Birth date: _____

Applying for grade: _____ Applying for academic year: _____

Birthplace: _____ Physical impairments: _____

Schools last attended:

Name of School	Address	Dates of Attendance

Family Information:

Father's name _____ Mother's name _____

Home address _____ Home address _____

Occupation _____ Occupation _____

Employer _____ Employer _____

Work Phone _____ Work Phone _____

Marital status of natural parents (circle one): Married Single Separated Divorced Widowed

If divorced or separated, who has legal custody? _____

With whom does the applicant live? _____

List the names and addresses of step-parents, guardians, or others with whom the school will need to communicate and/or consult regarding student performance:

Other children in the family:

Name _____ Gender _____ Age _____ Grade _____

Name _____ Gender _____ Age _____ Grade _____

Name _____ Gender _____ Age _____ Grade _____

Are there any other relatives now or previously at Riverhill?

Name _____ Relationship _____ Years attended _____

Name _____ Relationship _____ Years attended _____

General Information:

Has the applicant even been asked to leave or been suspended from any school? _____ If yes, please provide a brief written explanation on a separate sheet of paper.

Please list other past experiences or factors which might influence future academic performance and explain.

The completion of an entrance screening program must be satisfied before action will be taken on this application. After receipt of this signed application and a \$50 non-refundable application fee, a school representative will contact the applicant's parent for screening arrangements. In the event that a space is not available for the applicant, this application will be placed on a waiting list.

Receipt of this signed application assumes permission to contact any of the references noted above.

Signature of person completing this form Relationship to applicant Date

Riverhill School reserves the right at any time to refuse admission to anyone. Riverhill School admits students of any race, sex, color, religion, national or ethnic origin to all the rights privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of color, sex, religion, or national or ethnic origin in administration of its education policies, admissions policies, and athletic and other school administrated programs nor in the employment of faculty and staff or the election of trustees.

Office Use Only

Please do not write in this space

Date and time application received:

Date and time application fee received:

Acknowledged by:

Signature of office staff:

Screening:

Date of test	Name of test	Person giving test	Results