



Date: \_\_\_\_\_

# Riverhill School

2826 County Road 30 • Florence, Alabama 35634  
(256) 764-8200 • (256) 766-7006 fax  
www.riverhillschool.org

## Mission Statement

*"We are committed to providing a child-centered academic environment whereby we empower our students to become informed, responsible, productive, life-long learners with solid values."*

## STUDENT ENROLLMENT APPLICATION

**A nonrefundable \$100 fee must be attached for all NEW students.**

### Student Information

Please print Applying for grade \_\_\_\_\_ to enter \_\_\_\_\_ (month/year)

Student's last name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Name by which applicant is addressed \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone number \_\_\_\_\_ Gender \_\_\_\_\_ Birth date \_\_\_\_\_

Name of School	Address	Dates Attended

Grade currently enrolled \_\_\_\_\_

### Parent Information

\_\_\_\_ Father | Name \_\_\_\_\_ Living with child \_\_\_\_ Yes \_\_\_\_ No  
\_\_\_\_ Mother | Home address \_\_\_\_\_ E-mail address \_\_\_\_\_  
\_\_\_\_ Guardian | City/State/Zip \_\_\_\_\_ Home phone \_\_\_\_\_  
Occupation \_\_\_\_\_ Cell phone \_\_\_\_\_  
Employer \_\_\_\_\_ Work phone \_\_\_\_\_

\_\_\_\_ Father | Name \_\_\_\_\_ Living with child \_\_\_\_ Yes \_\_\_\_ No  
\_\_\_\_ Mother | Home address \_\_\_\_\_ E-mail address \_\_\_\_\_  
\_\_\_\_ Guardian | City/State/Zip \_\_\_\_\_ Home phone \_\_\_\_\_  
Occupation \_\_\_\_\_ Cell phone \_\_\_\_\_  
Employer \_\_\_\_\_ Work phone \_\_\_\_\_

## Sibling Information

Names of brothers/sisters	Birth date	Currently Enrolled at Riverhill
_____	_____	yes / no
_____	_____	yes / no
_____	_____	yes / no

## Grandparent Information

Name _____	Address _____
Home phone _____	City/State/Zip _____
	Email address _____
Name _____	Address _____
Home phone _____	City/State/Zip _____
	Email address _____
Name _____	Address _____
Home phone _____	City/State/Zip _____
	Email address _____
Name _____	Address _____
Home phone _____	City/State/Zip _____
	Email address _____

## Medical Information

Child's doctor \_\_\_\_\_ Phone \_\_\_\_\_

Child's dentist \_\_\_\_\_ Phone \_\_\_\_\_

Hospital preference \_\_\_\_\_

Please list any medication the child takes on a regular basis. Medicine may be left at the school for your child provided an Authorization for Administering Medication form is completed and turned in with the medication.

Please list any allergies your student may have. (i.e., food allergies, bee stings, etc.)

Please list any recurrent medical problems the child has (i.e., seizures, diabetes, frequent ear infections, sinus infections, etc.)

## Student School Record

Please answer yes or no to the following questions. If you answer yes to any of the questions, please explain in more detail below. Has your child ever:

**YES NO**

\_\_\_ \_\_\_ repeated a grade in school?

\_\_\_ \_\_\_ had behavioral difficulties in school?

\_\_\_ \_\_\_ been suspended or expelled from school?

\_\_\_ \_\_\_ had extended absences from school?

\_\_\_ \_\_\_ been diagnosed with a learning disability?

\_\_\_ \_\_\_ been diagnosed with having ADD or ADHD?

If yes, is your child currently under a doctor's care for this condition? \_\_\_\_\_

\_\_\_ \_\_\_ been diagnosed with a mental or emotional condition?

Student school record detail (if necessary):

**YES NO**

\_\_\_ \_\_\_ Is applicant in good standing and eligible to return to or remain in current school?

## Other Information

Please list any relatives, other than siblings, currently enrolled or who have previously attended Riverhill?

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Years attended \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Years attended \_\_\_\_\_

How did you hear about Riverhill?

The completion of an academic screening for placement in grades kindergarten through 6th must be satisfied before action will be taken on this application. Applicants must score on or above the grade level for which the student is applying. Any applicant applying for grades PK-2 through PK-4 do not need to complete an academic screening. After receipt of this signed application and a \$100 non-refundable application fee, a school representative will contact the applicant's parent for screening arrangements.

\_\_\_\_\_  
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, admission policies, and athletic and other school administrated programs nor in the employment of faculty and staff or the election of trustees.*

## Website/Photo Release

The undersigned hereby gives irrevocable consent to and authorizes the use, reproduction, and publication by Riverhill School, or anyone authorized by the school, of any and all photographs, the negatives and positives, and video and audio recordings, which the school may take or may have taken of the student mentioned in this contract for any purpose whatsoever, without compensation to the Undersigned or to the student. All negatives and positives, together with prints and other reproductions there from, and other recordings shall constitute the school's property, solely and completely.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

For privacy and safety reasons, it is important to know, other than their name, student identifying information (home address, e-mail, phone number, etc.) will NOT appear publicly unless Riverhill requests and receives prior written consent from parent or guardian.

## Internet Use Permission

As the parent or legal guardian of the student mentioned in this contract, I grant permission for my son or daughter to access networked computer services, including the Internet. I understand that individuals and families may be held liable for violations of Internet use. All Riverhill computers are protected by SonicWall, a firewall protection which includes adult filtering. Additional sites are disabled as needed.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

## FOR OFFICE USE ONLY

Date and time application and fee received: \_\_\_\_\_

Acknowledged by: \_\_\_\_\_

Screening:

Date of Test	Test Administrator	Results

Date contract offered: \_\_\_\_\_