

The River Learning Academy Family Enrollment Form

To be completed by Parent(s)

Please fill in all the information as completely as possible. Incomplete forms will not be accepted.

PARENT INFORMATION:

			• • •		
Father/Guardian Last Name:_		First	:Name:		
Mothe/Guardian Last Name:	First Name:				
Marital Status: Married D If divorced/separated, who has		-		· ·	
Address:			City:	Zip:	
Father Email Address:					
Mother Email Address:					
Father Cell Phone:		Mother Ce	ll Phone:		
2nd Parent address if different	than above: Fath	ner's M	lother's		
Address: City			ty:	Zip:	
How did you hear about The	Aiver Learning Acade	iiiy:			
	EMERGENCY	CONTACT	'S:		
Name:	Relationshi	p:	Phone Number	r:	
Name:	Relationshi	p:	Phone Number:		
Name:	Relationshi	p:	Phone Number	r:	
ATT	TENDING STUDEN	NTS INFOR	MATION:		
Name Last	First		Middle		
Name preferred (nickname, ab	breviation, etc.)				
Student phone:	Stu	ıdent email: _			
Age Sex Bird	:h Date//_	Birthpla	ce		
Last School Attended			Last Grade Comple	ted	

School Address			
City	State	Zip	Phone
Name Last		_ First	Middle
Name preferred (nickna	me, abbreviatio	on, etc.)	
Student phone:		S	cudent email:
Age Sex	Birth Date _	//	Birthplace
Last School Attended			Last Grade Completed
School Address			
			Phone
Name Last		_ First	Middle
Name preferred (nickna	me, abbreviatio	on, etc.)	
Student phone:Student email:			
Age Sex	Birth Date _	//	Birthplace
Last School Attended			Last Grade Completed
School Address			
City	State	Zip	Phone
Name Last		_ First	Middle
Name preferred (nickna	me, abbreviatio	on, etc.)	
Student phone:Student email:			
Age Sex	Birth Date _	//	Birthplace
Last School Attended			Last Grade Completed
School Address			
City	State	Zip	Phone

Name I	_ast		First		Middle	_
Name p	oreferred (nickn	ame, abbreviatio	n, etc.) _			
Student	Student phone:Student email:					
Age	Sex	Birth Date	/	_/	Birthplace	_
Last Sch	nool Attended _				Last Grade Completed	_
School .	Address					
					Phone	
Name I	_ast		First		Middle	_
Name p	oreferred (nickn	ame, abbreviatio	n, etc.) _			
Student	Student phone:Student email:					
Age	Sex	Birth Date	/	_/	Birthplace	_
Last Sch	nool Attended _				Last Grade Completed	_
School .	Address					
City		State	Zip_		Phone	
		STUDENT S	CHOL	ASTI	IC INFORMATION:	
Has this	s student(s) ever	r been suspended	, dismiss	sed or	refused admission to another school? Yes No	
If yes, explain:						
						_
						_
Please ii	ndicate if any of	the following ap	ply to th	ne pre	evious school, to the home, or to other instance	s:
Behav	ioral and/or disc	ciplinary problem	ıs	Place	red on probation	
Explain	:					
						_
	1 ()	1. 1 1.			n 1 15	_
Has the	student(s) ever	skipped a grade?			Repeated a grade?	

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If so, please explain:				
When calling your previous school, w	hat comment could we anticipat	te?		
Good Student Discipline Proble	em Learning Disabilities			
Is there anything you feel we should k	now about your student(s) in or	der to tead	ch effectively	∕?Explain: —
Does the applicant have any mental, e	motional or physical handicaps	that may a	ffect his/her	activities
or progress that should be known?	1 7	,		
If yes, please explain:				
Please indicate the academic level of the	ne student(s) previous work:			··
Student:	circle one Excellent	Good	Average	Poor
Student:	circle one Excellent	Good	Average	Poor
Student:	circle one Excellent	Good	Average	Poor
Student:	circle one Excellent	Good	Average	Poor
Student:	circle one Excellent	Good	Average	Poor
FAMI	ILY FAITH INFORMATION	[:		
Church Attending		Past	cor	
Address		Pho	ne	
PLEASE CHECK THE APPROPR Father, born-again Christian (John 3: Mother, born-again Christian (John 3 Has the student(s) ever made a profess	3-5) Yes No Family Practice:3-5) Yes No Family Practic	ce – Daily		

If yes, please na	me student(s)			
Church Attend	ance:			
Regular (3-4 Weeks a Month)		Occasional (Once Per Month)	Seldom	
Student(s)	Regular	Occasional	Seldom	
Father Regular		OccasionalSeld		
Mother	Regular	Occasional	Seldom	
We request that	t you consider the following items and	respond to them for our mutual unc	lerstanding:	
A. How do you	provide spiritual training for children	in the home?		
B. What goals o	lo you have in mind for the training an	nd development of your child(ren) as	individuals?	
C	,	1 , , , ,		
C. What are you	ur reasons for wanting to enroll your cl	hildren in The River Learning Acade	:my?	

PARTICIPATION REQUIREMENTS & STATEMENT FOR PARENTS OF CO-OP:

We(I) agree that we(I) will, to the very best of my abilities, fulfill the responsibilities to which we(I) have agreed.

We(I) understand that volunteer hours are 12 hours a week. There may be a \$10 an hour missed additional charge if you do not pay the drop off rate.

We(I) understand that tuition is due the 1st of every month, but there is grace to pay until the 15th of the month. A late fee of \$25 will be added to all tuition paid after the 18th of the month.

We(I) understand the following policy for missed tuition payment(s):

Missed Tuition payment plan policy.

1st month missed: Administrators will check in with families/send payment reminder letter.

2nd month missed: Yourself and administrators will discuss how to help and choose a 4mo or 6mo repayment contract.

3rd month missed: Yourself and administrators will meet to reason out if RLA is meeting the needs and circumstances of your family.

We(I) will ender to serve the families of the Co-op in a way that will bring glory to God knowing that it is a ministry.

We(I) understand that as a group of believers we are to "do nothing from rivalry or conceit, but in humility count others more significant than ourselves. Letting each of us look not only to our own interests, but also to the interests of others." (Philippians 2:3)

We(I) promise to keep my commitments unless catastrophic circumstances prevent me from doing so. If we(I) must leave the co-op we(I) will submit a 30 day notice as well as full my commitments until the end of our(my) 30 days.

We(I) promise to work to resolve any conict in which we(I) am a participant and/or witness with humility and love for my brother and/or sister in Christ using Biblical Guidelines. (Matt. 18:15) If we(I) have a question or disagree about a decision that has been made by co-op leadership we(I) know that we(I) am to address it with them. we(I) know we(I) will be heard, but we(I) cannot always know everything that must be considered when making a decision and understand their decision is final.

We(I) also promise not to abuse any authority and power over decision making that we(I) have been given but will be careful to consider all persons that will be affected by my decisions and will do what is best for the group as a whole and not what is best for any one individual to the detriment of others, with the Bible as my ultimate standard.

Because this is an educational environment for our children we endeavor to maintain Christian Principles. As a co-op we value parent-led education. There will always be a parent as a co-teacher if a non-parent teacher is brought in.

Children are expected to conduct themselves both academically and behaviorally in a manner appropriate to the class. If expectations are not being met the parent(s) will be notified immediately to handle the situation.

It is the parents' responsibility to discipline, not the teachers.

We (I) give my consent and permission for any photos or video recordings of myself or other members of my family including my children while at co-op to be used without further consent or remuneration in promotional materials for the co-op including but not limited to the group website and brochure.

Failure to follow any of the above mentioned guidelines may result in revocation of membership privileges.

The River Learning Academy reserves the right to select students on the basis of academic performance and personal qualifications. RLA does not discriminate on the basis of race, color, nationality, or ethnic origin in administration of its educational policies, admission policies, and athletic or other coop administered programs. Attendance is a privilege, so that to ensure that this works for all there a 3 month trial period where either party is able to end participation. This privilege may be forfeited by those who do not conform to the standards and regulations of the co-op. RLA strives to accommodate all students of all abilities. RLA is a homeschool co-op, so ultimately families are responsible for their child's education and accommodations.

Father's Signature	Date
-	
Mother's Signature	Date

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