Application can be submitted via email to: info@riverstoneunited.com

Application for Admissions (Page 1/4)

Parent/Guardian 1's Name:		Parent/Guardian 2's Name:		
(Last)	(First)	(Last)	(First)	
(Street)		(Street)		
(city)	(Zip Code)	(city)	(Zip Code)	
(Phone)		(Phone)		
(Cell Phone)		(Cell Phone)		
(E-mail address	s)	(E-Mail address	5)	
(School District	:)	(School Distric	t)	
□ Check	k if we may include your co	entact information i	n the school directory.	
(Parent/Guardian 1's Employer)		(Parent/Guardian 2's Employer)		
(Phone)		(Phone)		
(Church Affiliation)		(Church Affiliat	(Church Affiliation)	



Application for Admissions (Page 2/4)

Names of Students	Applying for Admission:		
(First & Middle)	(Date of Birth) (Grade)	(Grade)	
Are There Other Chi	ldren in Your Family?		
Previous Schools:			
Child's Name	School Name & Address Years Atten	ears Attended	



Application for Admissions (Page 3/4)
Academic and Social Information:
What are your child's strengths?
What are your child's interests?
Give details of any specialized testing with which your child has been involved (other than routine achievement testing or physical exams)
Give details of any special education or tutoring with which your child has been involved



Application for Admissions (Page 4/4)

Permission to Obtain/Request Records

Releasing School Name			_
School Address			_
City	State	Zip	-
Name of Student		Date of Birth	
Name of Student		Date of Birth	
Name of Student		Date of Birth	
I/we hereby grant permission fo other testing information requirir		an Academy to request psycholog	ical reports and
Signature of Parent/Guardian			
	 ndemy:		
RUCA is authorized to request t named student(s).	he academic, health, atter	ndance, and psychological records	for the above-
Robbie Martin, Principal			

