

Dear Prospective Family,

We appreciate your interest and invite you to learn more about Riverstone United Christian Academy! Planning for Riverstone began in 2019 with a vision for integrating academic excellence with a Christ-centered worldview for middle and high school students in Chester County and beyond.

Riverstone United Christian Academy, in partnership with Liberty University's Ember program, is able to provide students with a strong academic foundation. Integral to our work with young people is the belief that a relationship with Jesus Christ is transformative. Thus, we want to encourage our students to develop an authentic faith and discover their God-given gifts and passions. Graduates of Riverstone United Christian Academy will stand prepared to embrace their hopes and dreams.

Applications are currently being accepted for the upcoming school year. Upon receiving your registration and completed application, we will schedule your admissions conversation. If you have other questions, please email us at <a href="mailto:info@riverstoneunited.com">info@riverstoneunited.com</a> to schedule a chat with one of our administrative team.

We welcome the opportunity to come alongside you to provide the best education possible for your child. Discover the difference a Christ-centered education at Riverstone United Christian Academy can make.

Together in His service,
Robbie Martin, Principal &
Eileen Roche, Assistant Principal

www.riverstoneunited.com | info@riverstoneunited.com



submit applications to: info@riverstoneunited.com

| Parent/Guard                   | lian 1's Name:   | Parent/Guard                   | lian 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                | ;)             |
| (School District               | :)   | (School Distric                | t)             |
|                                | k if we may include your co<br>nfo will only be listed on th |                                |                |
| (Parent/Guardian 1's Employer) |  | (Parent/Guardian 2's Employer) |                |
| (Phone)                        |  | (Phone)                        |                |
| (Church Affiliat               | ion)   | (Church Affiliat               | ion)           |



## Application for Admissions (Page 2/4)

| Name of student(s) ap   | plying for admission: |                       |                      |
|-------------------------|-----------------------|-----------------------|----------------------|
| (Last, First & Middle)  |                       | (Date of Birth)       | (Grade applying for) |
|                         |                       | //                    |                      |
|                         |                       | //                    |                      |
|                         |                       | /                     |                      |
| Are there other childre | en in your family?    |                       |                      |
|                         |                       | /                     |                      |
|                         |                       | /                     |                      |
|                         |                       | /                     |                      |
| Previous Schools:       |                       |                       |                      |
| Student Name            | School Name &         | School Name & Address |                      |
|                         |                       |                       |                      |
|                         |                       |                       |                      |
|                         |                       |                       |                      |
|                         |                       |                       |                      |



## Application for Admissions (Page 3/4)

| <b>Academic and Social Informatio</b> | <u>n</u> :                       |
|---------------------------------------|----------------------------------|
| What are your child's strengths?      | ?                                |
|                                       |                                  |
|                                       |                                  |
| What are your child's interests?      |                                  |
|                                       |                                  |
|                                       |                                  |
|                                       |                                  |
| Please check any or all that app      | ly (now or in the past):         |
| □ IEP                                 | ☐ ADD or ADHD diagnosis          |
| ☐ 504 plan                            | ☐ Autism Spectrum Disorder       |
| ☐ Behavioral Plan                     | ☐ Speech or Occupational Therapy |
| Please provide details below:         |                                  |
|                                       |                                  |
|                                       |                                  |



## 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   |          |
|   |                              | ademy to request academic, psycholo<br>y approval. Please also include health |          |
| Signature of Parent/Guardian                              |                              | Date  |          |
| <br>Riverstone United Christian Acad                      | demy:                        |   |          |
| RUCA is authorized to request the above-named student(s). | ne academic, health, attenda | ance, and psychological records for the                                       | <b>;</b> |
| Robbie Martin, Principal                                  |                              |   |          |
|   | Christian Acad               |   |          |
|   | Ciliblian Aca                | actriy  |          |