

RUCA Application Process:

1. Schedule a tour or attend an Open House:
 - phone: 484-297-9180
 - email: info@riverstoneunited.com
2. Submit a student application to: info@riverstoneunited.com
3. The Administrative Team will request records from the student's previous school and review the application. Families will be notified once the application has been reviewed and processed.
4. The following documents will expedite the enrollment process (particularly when school is not in session):
 - current vaccine record and physical exam form
 - copy of most recent end-of-year report card and current report card
 - copy of most recent standardized test scores
 - homeschool evaluation, if applicable
 - IEP, 504 plan, if applicable
5. An interview with the Administrative Team will be scheduled for all new families. Student assessment of reading, math and writing skills may be necessary pending a final review of all academic records.
6. Complete enrollment by submitting a \$250 non-refundable registration fee.

A check made payable to *RUCA* can be mailed to:

PO Box 3011

West Chester, PA 19381

Riverstone United

Christian Academy

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 info@riverstoneunited.com 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/Guardian 1's Name:

(Last) (First)

(Street)

(city) (Zip Code)

(Phone)

(Cell Phone)

(E-mail address)

(School District)

Parent/Guardian 2's Name:

(Last) (First)

(Street)

(city) (Zip Code)

(Phone)

(Cell Phone)

(E-Mail address)

(School District)

Check if we may include your contact information in the family directory.
This info will only be listed on the secure Parent Portal.

(Parent/Guardian 1's Employer)

(Parent/Guardian 2's Employer)

(Phone)

(Phone)

(Church Affiliation)

(Church Affiliation)

Application for Admissions (Page 2/4)

Name of student(s) applying for admission:

(Last, First & Middle)

(Date of Birth)

(Grade applying for)

___/___/___

___/___/___

___/___/___

Are there other children in your family?

___/___/___

___/___/___

___/___/___

Previous Schools:

Student Name

School Name & Address

Years Attended

Academic and Social Information:

What are your child's strengths?

What are your child's interests?

Please check any or all that apply (now or in the past):

- | | |
|--|---|
| <input type="checkbox"/> IEP | <input type="checkbox"/> ADD or ADHD diagnosis |
| <input type="checkbox"/> 504 plan | <input type="checkbox"/> Autism Spectrum Disorder |
| <input type="checkbox"/> Behavioral Plan | <input type="checkbox"/> Speech or Occupational Therapy |

Please provide details below:

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 hereby grant permission for Riverstone United Christian Academy to request academic, psychological & attendance reports and other testing information requiring my approval. Please also include health and vaccine records.

Signature of Parent/Guardian Date

Riverstone United Christian Academy:

RUCA is authorized to request the academic, health, attendance, and psychological records for the above-named student(s).

Robbie Martin, Principal