

# Riverhill School

2826 County Road 30  
Florence, Alabama 35634  
(256) 764-8200 FAX (256) 766-7006



## STUDENT ENROLLMENT APPLICATION

Please complete and return this application along with the \$100 non-refundable application fee. This application is not valid without the application fee.

### **Student Information:**

Full name of student: \_\_\_\_\_

Name by which student is addressed: \_\_\_\_\_ Gender: \_\_\_\_\_

Home address: \_\_\_\_\_

Street City State Zip

Telephone number: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Dad's cell number \_\_\_\_\_ Mom's cell number \_\_\_\_\_

Applying for grade: \_\_\_\_\_ Applying for academic year: \_\_\_\_\_

Birthplace: \_\_\_\_\_

Physical impairments: \_\_\_\_\_

Schools last attended:

Name of School	Address	Dates of Attendance

### **Family Information:**

Father's Name _____	Mother's Name _____
Home address _____ (Street, City, State, Zip)	Home address _____ (Street, City, State, Zip)
Occupation _____	Occupation _____
Employer _____	Employer _____
Cell Phone _____	Cell Phone _____

E-mail \_\_\_\_\_

E-mail \_\_\_\_\_

Marital status of natural parents (circle one): Married Single Separated Divorced Widowed

If divorced or separated, who has legal custody? \_\_\_\_\_

With whom does the applicant live? \_\_\_\_\_

List the names and addresses of step-parents, guardians, or others with whom the school will need to communicate and/or consult regarding student performance:

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Other children in the family:

Name	Gender	Age	Grade

Are there any other relatives now or previously at Riverhill?


**General Information:**

Has the applicant even been asked to leave or been suspended from any school? \_\_\_\_\_  
If yes, please provide a brief written explanation on a separate sheet of paper.

Please list any past experiences you feel we should know in order to better serve this student:

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The completion of an entrance screening process must be satisfied for students entering Kindergarten through Grade Six before any student is admitted to Riverhill School. After receipt of this signed application and a \$100 non-refundable application fee, screening arrangements for the student will be finalized. In the event that a space is not available, the student will be placed on a waiting list.

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

**Office Use Only**

Date application received: \_\_\_\_\_ Fee received: Yes \_\_\_ No \_\_\_ Received by: \_\_\_\_\_

Date of screening test	Name of test	Person giving test	Results