



# Revolutionary Innovation for Superior Education



RISE Hybrid Academy or RISE Hybrid Private Academy Program

540-369-8779

[www.risehybridacademy.com/risehybridkids@gmail.com](http://www.risehybridacademy.com/risehybridkids@gmail.com)

Student(s) Name/Grade entering: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Student(s) Name/Grade entering: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Student(s) Name/Grade entering: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Student(s) Name/Grade entering: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Interested in: (Check one)

- Homeschool curriculum only
- Virtual learning environment
- In-person/virtual(Flex)
- All in person (individualized virtual learning on site with in person learning)

**Present Address: Permanent Address:**

\_\_\_\_\_

\_\_\_\_\_ Telephone

(home): \_\_\_\_\_ (work) \_\_\_\_\_

(Cell) \_\_\_\_\_

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

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Official Use

Student I.D. No.: \_\_\_\_\_

Student I.D. No.: \_\_\_\_\_

Student I.D. No.: \_\_\_\_\_

Student I.D. No.: \_\_\_\_\_

## RISE Hybrid Private Academy



### STUDENT INFORMATION FORM

*Parent/Guardian: Please give this form to your child's current general education teacher and principal (K-4th) or Math and English teachers (5-12th).*

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
School currently attending: \_\_\_\_\_ Grade: \_\_\_\_\_ School  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Parent/ Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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*To be filled out by the student's current teacher*

\_\_\_\_\_ is applying for admission to RISE Hybrid Private Academy for grade \_\_\_\_\_. Please complete and return this information form via email to [risehybridkids@gmail.com](mailto:risehybridkids@gmail.com) at your earliest convenience.

Elementary:

\*Include student work samples (at least 3 samples Math & Language Arts)

Language Arts: teacher made class assessment (i.e. Reading: fluency, letter naming, sight words, etc.)

Math: Number Sense: Counting, place value, basic operations, problem solving  
Progress Monitoring in Reading/and or Math such as standardized tests or state reading benchmarks or assessments.

<b>ELA - Academics</b>	Strength	Adequate (On gr. level)	Concern (BELOW gr level)	If more than one concern, rank in order of priority (#1 being highest in priority)
Letter-sound correspondence				
Phonetics/decoding skills				
Sight word vocabulary				
Fluency of reading				
Comprehension of text				
Sequencing/retelling				
<b>Math - Academics</b>				
Number Sense				
Counting to 100 by 1s, 2s,5s, etc.				
Place value				
Basic Operations (+,-,X,÷)				
Problem Solving				
<b>** Required – What interventions ( i.e. small group, after school tutoring) and modifications were implemented to address the above area(s) of concern?</b>				

<b>Work Habits and Behaviors</b>	Strength	Adequate (Age Appropriate)	Concern (Delay)	Additional Comment
Works independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sustained attention/focus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Middle/ High School: See Attached documents

Dear Principal,

Please release the student records for \_\_\_\_\_  
*Student's Full Name* *Date of Birth*

who attended \_\_\_\_\_ School located at:  
*Name of School Providing Records*

\_\_\_\_\_  
*Address of School Providing Records* *State* *Zip Code*

from \_\_\_\_\_, 20\_\_\_\_ to \_\_\_\_\_, 20\_\_\_\_.  
*Date of Enrollment* *Date of Withdrawal*

Phone number of school \_\_\_\_\_ Fax of school

This student has applied for admission to \_\_\_\_\_ School.  
*Name of School Requesting Records*

**Required Student Records**

Academic Transcripts*	Sociological Information
Standardized Test Scores*	IEP/504 Plan
Current Year Grades to Date*	Child Study Referrals
Attendance Information*	Speech and Language Evaluations
Physical Examination	Vision Screening Reports
Health and Immunization Records	Special School/Center Information
Physical Fitness Test Records	Discipline Record
Psychological/Educational Evaluations	Screening and Eligibility Minutes
	Custody Information/Court Decisions

*\*Note: in accordance with FERPA (Family Educational Rights and Privacy Act), records marked with an asterisk do not require parent signature for release.*

These items can be sent to my attention at:

\_\_\_\_\_  
*Address of School Requesting Records* *State* *Zip Code*

Please send the items above as soon as possible so that appropriate educational placement can be made. Thank you for your cooperation.

Sincerely,

\_\_\_\_\_  
*Signature of Principal Requesting Records* *Date*

I give permission to release the above records for my student to the requesting Principal above.

\_\_\_\_\_  
*Signature of Parent/Guardian* *Date*