

**RISE HYBRID**



**PRIVATE  
ACADEMY**

K-12<sup>TH</sup>  
PRIVATE SCHOOL

2023-2024 School Year  
Enrollment Forms

# RISE Hybrid

## Emergency Contact and Medical Information for a Child

_____	_____	M	F
Child's Name	Date of Birth	Sex	
_____	_____	_____	
Parent's/Guardian's Name	Parent's/Guardian's Name		
( ) _____	( ) _____	( ) _____	( ) _____
Home Phone	Work Phone	Home Phone	Work Phone
_____	_____	_____	
Address	Address		
_____	_____	_____	
City, ST ZIP Code	City, ST ZIP Code		

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## Alternative Emergency Contacts

Primary Emergency Contact

( )

Home Phone

( )

Work Phone

Secondary Emergency Contact

( )

Home Phone

( )

Work Phone

Address

Address

City, ST ZIP Code

City, ST ZIP Code

## Medical Information

Hospital/Clinic Preference

Physician's Name

Phone Number

Insurance Company

Policy Number

Allergies/Special Health Considerations

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

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Parent's/Guardian's Signature

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Date

I give permission for my child to go on field trips. I release individuals from liability in case of an accident during activities related to, as long as normal safety procedures have been taken.

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Parent's/Guardian's Signature

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Date

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Witness Signature

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Date

## APPLICANT INFORMATION

Today's Date \_\_\_\_\_ Application for Grade \_\_\_\_\_

For School Year 20 \_\_\_\_ - 20 \_\_\_\_ Mid-Year Entrance or Fall Entrance

Date of Birth \_\_\_\_\_ Citizenship \_\_\_\_\_

Male or Female Social Security Number \_\_\_\_\_

Applicant's Name

\_\_\_\_\_

(first) (middle) (last) (nickname)

Applicant's Current Address

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code

\_\_\_\_\_

Home Telephone \_\_\_\_\_ Applicant's Email (optional)

\_\_\_\_\_

## CURRENT SCHOOL INFORMATION

Current School Name \_\_\_\_\_ Current  
Grade \_\_\_\_\_

Type of School: Private Public Dates Of Attendance

\_\_\_\_\_

Address \_\_\_\_\_ Telephone

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code

\_\_\_\_\_

Current Teacher's Name \_\_\_\_\_ Principal's Name

\_\_\_\_\_

School(s) Previously Attended (names and dates)

\_\_\_\_\_

Public School District where Applicant Resides

\_\_\_\_\_

Has the applicant ever repeated a grade, skipped a grade, or been in accelerated instruction?

Yes No n/a

If yes, describe the circumstances.

\_\_\_\_\_

Has the applicant ever been suspended or had any serious disciplinary infractions? Yes No

n/a

Please explain.

\_\_\_\_\_

## FAMILY INFORMATION

Parent's (Guardian's) Full Name

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Spouse's Name (if Remarried)

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Home Address (if different from applicant's)

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City \_\_\_\_\_ State/Zip \_\_\_\_\_ Home Phone

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Cell Phone \_\_\_\_\_ Email Address

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Occupation \_\_\_\_\_ Employer

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Work Address \_\_\_\_\_ Work Phone

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Level of Education Completed

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Parent's (Guardian's) Full Name

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Spouse's Name (if Remarried)

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Home Address (if different from applicant's)

---

City \_\_\_\_\_ State/Zip \_\_\_\_\_ Home Phone

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Cell Phone \_\_\_\_\_ Email Address

\_\_\_\_\_

Occupation \_\_\_\_\_ Employer

\_\_\_\_\_

Work Address \_\_\_\_\_ Work Phone

\_\_\_\_\_

Level of Education Completed

\_\_\_\_\_

Do other children live in the Applicant's family or household? Yes No

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_



## ADDITIONAL FAMILY INFORMATION

Applicant Resides with:   Both Parents   Father   Mother   Guardian

If parents are divorced or separated, who has legal custody of the applicant?

\_\_\_\_\_

Is the non-custodial Parent to receive correspondence?   Yes   No

Who is financially responsible for the applicant's education?

\_\_\_\_\_

Applicant's Primary Language \_\_\_\_\_ Languages spoken in Applicant's Household

\_\_\_\_\_

## PARENT QUESTIONNAIRE

Please describe your child's personality, interests, hobbies and/or talents.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are you child's academic and social and emotional strengths? weaknesses?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your goals for your child's immediate and long-term education?

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Are there any factors that you would like to share with us that have had an impact on your child's academic or social progress to date, such as health, learning challenges, or changes of home, school or family situation?

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How did you hear about RISE Hybrid Private Academy?

Is there anything else you would like the Admission Committee to know about your child?

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## PARENT/GUARDIAN AUTHORIZATION

RISE Hybrid Private Academy is authorized to act on the parent(s)/guardian(s) behalf and designate a doctor or hospital to initiate any appropriate medical service. It is also understood that students accepted by RISE Hybrid Private Academy and finalizing their enrollment decision with a parent(s)/guardian(s) signed enrollment contract are making a full-year commitment. Lastly, the information contained in this application and in the records and documents provided in support of this application is true, complete, and accurate. It is understood that any willful misrepresentation of any of the information provided for

admission to RISE Hybrid Private Academy will jeopardize a student's acceptance. Failure to disclose all information relevant to a student's health, academic performance, or disciplinary record may result in the termination of a student's status as enrolled. All information gathered by the Admissions Office will be treated as confidential, and it is agreed that the Lead Person of the school may disclose this information to other members of the Admission Committee.

Parent's/Guardian's Signature \_\_\_\_\_  
Date \_\_\_\_\_

Parent's/Guardian's Signature \_\_\_\_\_  
Date \_\_\_\_\_

# TRANSCRIPT RELEASE FORM

## TO THE PARENT

Copies of all school records are required as part of a student's application to RISE Hybrid Private Academy. Complete the form and send it to the applicant's current school.

I hereby request and authorize:

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Current school

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Current school address

to send copies of complete and official transcript(s), including grades to date, test records, any reports (both achievement and diagnostic) and any other pertinent documents concerning my child.

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Student's name grade level

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Signature of parent or guardian date

Please send to

Office of Admissions

RISE Hybrid Private Academy

risehybridkids@gmail.com

If this student is admitted to our school, we will request a final academic transcript from the previous academic institution. Please retain this authorization to preclude the need for a second one.

We sincerely appreciate your assistance.