

RISE HYBRID



**PRIVATE
ACADEMY**

K-12TH
PRIVATE SCHOOL

2021-2022 School Year
Enrollment Forms

RISE Hybrid

Emergency Contact and Medical Information for a Child

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

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.

Parent's/Guardian's Signature

Date

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

Parent's/Guardian's Signature

Date

Witness Signature

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

Spouse's Name (if Remarried)

Home Address (if different from applicant's)

City _____ State/Zip _____ Home Phone

Cell Phone _____ Email Address

Occupation _____ Employer

Work Address _____ Work Phone

Level of Education Completed

Parent's (Guardian's) Full Name

Spouse's Name (if Remarried)

Home Address (if different from applicant's)

City _____ State/Zip _____ Home Phone

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?

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?

How did you hear about RISE Hybrid Private Academy?

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

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 who are accepted by RISE Hybrid Private Academy and who finalize 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 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:

Current school

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.

Student's name grade level

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.