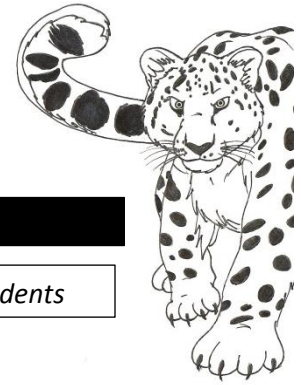
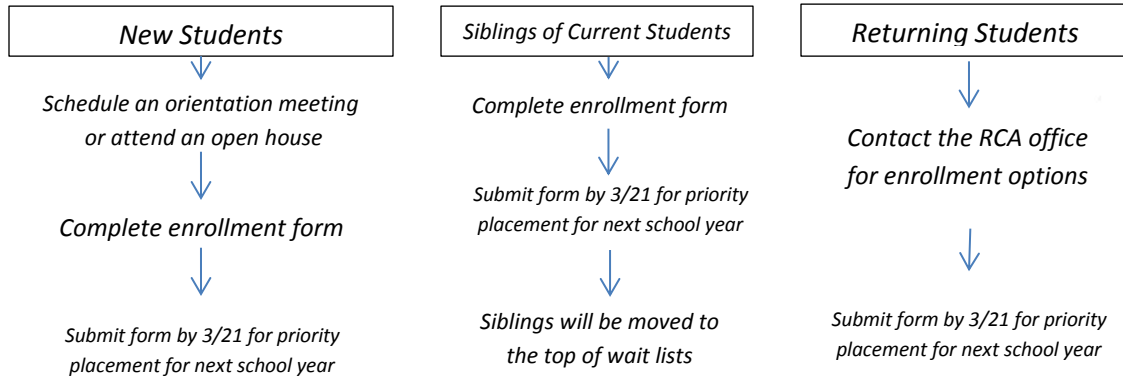


River City Academy

OPEN ENROLLMENT FORM



ENROLLMENT PROCESS



All enrollment forms received after March 21 are subject to available space in each grade level and potential wait lists.

STUDENT INFORMATION:

Student Name:	Current Grade:	
Birthdate:	Phone:	Email:

PARENT INFORMATION:

Parent/Guardian Name:	Relationship:
Phone:	Email:
Parent/Guardian Name:	Relationship:
Phone:	Email:

SCHOOL HISTORY:

Please list most recent school first.

School:	Grades Attended:
School:	Grades Attended:
School:	Grades Attended:
Other/Additional:	Grades Attended:

Has the student received intervention services?	If so, dates & area:
Has the student qualified for Special Education Services?	If so, dates & area:
Does the student participate in sports?	Sport & Organization:

Submit completed enrollment form to: Mary Blossom, (907) 714-8945, (907) 714-8946 FAX, mblossom@kpbsd.k12.ak.us

STUDENT REFLECTION:

River City Academy is a small school of choice which offers a unique school experience for students.

Why are you interested in attending River City Academy?

One unique aspect of RCA is that we are a student-centered school. Student input, choice and leadership are a central value of our school culture. **What qualities, experience or interests will you bring to River City Academy?**

River City Academy allows students an individual pace to learning in a variety of learning situations. **What learning approaches work best for you? Are you a lecture-based, independent, or group learner?** (Please give examples)

REFERENCES:

How did you hear about River City Academy?

- | | | |
|--|---|--|
| <input type="checkbox"/> Newspaper Advertisement | <input type="checkbox"/> Newspaper or website story | <input type="checkbox"/> School Presentation |
| <input type="checkbox"/> RCA Website/Facebook Page | <input type="checkbox"/> KPBSD Web Site | <input type="checkbox"/> Teacher/School Staff: |
| <input type="checkbox"/> Friend | <input type="checkbox"/> RCA Student | <input type="checkbox"/> Other: _____ |

Who can we thank for referring you to RCA? _____

What factors were most important to you in selecting RCA?

- | | | |
|--|---|--|
| <input type="checkbox"/> Performance-Based Model | <input type="checkbox"/> Student Centered Approach | <input type="checkbox"/> Small School Size |
| <input type="checkbox"/> 7-12 Grade Range | <input type="checkbox"/> Caring Staff/Teachers | <input type="checkbox"/> Location/Transportation |
| <input type="checkbox"/> Service Learning Focus | <input type="checkbox"/> Careers & Technology Strands | <input type="checkbox"/> Other: _____ |

CERTIFICATION:

I certify that all information in this enrollment form is complete and accurate. I understand that if space is not available at this time, the student will be placed on a waitlist. Any false information is cause for nullification of this form.

Parent/Guardian Signature: _____

Date: _____

Student Signature: _____

Date: _____

Submit completed enrollment form to: Mary Blossom, (907) 714-8945, (907) 714-8946 FAX, mblossom@kpbsd.k12.ak.us