

1 Per Family Application for Admission Riverview Christian Academy

Today's Date

Student 1 Full Legal Name:

Last	First	Middle
_____	_____	_____
Grade Entering	Gender	Place of Birth
_____	_____	_____
/ /	/	_____
Month/Day/Year Date of Birth	Years/Months Age	Ethnic Origin (For Federal Government and North American Division purposes only)

Student 2 Full Legal Name:

Last	First	Middle
_____	_____	_____
Grade Entering	Gender	Place of Birth
_____	_____	_____
/ /	/	_____
Month/Day/Year Date of Birth	Years/Months Age	Ethnic Origin (For Federal Government and North American Division purposes only)

Student 3 Full Legal Name:

Last	First	Middle
_____	_____	_____
Grade Entering	Gender	Place of Birth
_____	_____	_____
/ /	/	_____
Month/Day/Year Date of Birth	Years/Months Age	Ethnic Origin (For Federal Government and North American Division purposes only)

Student 4 Full Legal Name:

Last	First	Middle
_____	_____	_____
Grade Entering	Gender	Place of Birth
_____	_____	_____
/ /	/	_____
Month/Day/Year Date of Birth	Years/Months Age	Ethnic Origin (For Federal Government and North American Division purposes only)

Family Information:

Legal name of parent or guardian with whom the student is living:	Father		Mother	
Home Address				
City, State/Province, Zip				
Phone and Email	Home/ Business	Mobile	Home/ Business	Mobile
	Email		Email	
Occupation				
Church Membership	Denomination/Church		Denomination/Church	

In case of emergency, accident, or serious illness, if the school is unable to contact me, I hereby authorize the school to take my child(ren) to the physician, emergency room, and/or to the relative or neighbor indicated.

_____ Initial

_____ Doctor's name _____ Phone _____ Address

_____ Emergency Contact Name _____ Phone _____ Address

Allergy Information:

Please list your student's allergy information here, if you have siblings please include the name of the student. If there are none, please write "none known"

References/ Parent Commitment

References: Please give two (2) references (pastor, friend, neighbor, nonrelative, etc.):

Reference #1 (Name, Address, Phone)

Reference #2 (Name, Address, Phone)

Please initial each line below:

_____ I agree to meet my monthly financial obligations to the school.

_____ I agree to cooperate with the school board and teachers by avoiding adverse criticism of any teacher or school policy in the presence of the students.

_____ I have read the school handbook and agree to support each regulation of the school.

_____ I hereby authorize the school board to send, upon request, the permanent records to the next school to which my child(ren) may enroll.

Signature of Parent or Legal Guardian

Date

RIVERVIEW CHRISTIAN ACADEMY TUITION AGREEMENT FORM

This form is to only be filled out by families not requesting tuition assistance.

All Students' Name

Grades	Annual Tuition	Monthly (billed 10 months)
TK – 8 th Grade	\$ 6,450.00	\$ 645.00 (tuition)

Non-Refundable Registration Fee - \$400

\$100 savings – if registration fee is paid by Friday before Spring Break

*Your tuition must be paid in full from the prior year to be considered enrolled for the following year.

Payments:

RCA accepts payments in check, Zelle (RCAtreasurer.k8@riverviewacademy.org), or online through our “pay or donate” button at riverviewacademy.org.

I realize that this contract is a legal and binding document. I accept the responsibility of this contract and will fulfill its conditions according to the above payment schedule. I also understand that a late fee of \$35.00 will be assessed if payment is not made by the 10th of each month, excluding August. If payments are not made by the 30th of each month my child(ren) will be withdrawn from RCA until my account is made current. Outstanding account balances turned over to collections will be charged a 30% fee above the total amount owed.

Parent Signature

Date

Parent Signature

Date

Riverview Administrator Signature

Date



Explanation and Application for Riverview Church Scholarships

This form is only for Riverview SDA Church Members applying for scholarships; if you are a member of a neighboring church please contact your church directly for scholarship information as soon as possible in order to meet their deadlines.

Parent/s Name: _____

Student(s) Names: _____

Address: _____

City, State, Zip: _____

Phone: () _____ Email: _____

I request assistance from the Riverview Seventh-day Adventist Church for the basic membership scholarship of \$125.00, to be applied toward the tuition costs for my Child(ren) or

Riverview Church also offers a family matching program. The church will match up to \$100 if a family member contributes up to \$100. I/we are interested in the family/church matching scholarship from church for up to \$100 per child (can be combined with basic scholarship):

Name of friend or family member participating:

To enable the church to evaluate your request, please complete the following:

I/we are a member of the Riverview Seventh-day Adventist Church: Yes: ___ No: ___

I/we attend the Riverview Seventh-day Adventist Church on a regular basis: Yes: ___ No: ___

I/we are a regular contributor to the Church through Tithe and Offerings: Yes: ___ No: ___

I/we give permission to share my child(ren)'s GPA & behavior information with the Riverview Scholarship committee: Yes: ___ No: ___

RIVERVIEW CHRISTIAN ACADEMY FINANCIAL ASSISTANCE REQUEST 2024-2025

This form is to only be filled out by families requesting assistance through the Riverview Adventist Church, sponsoring family members, or the school.

All Students' Name _____

<u>Grades</u>	<u>Annual Tuition</u>	<u>Monthly (billed 10 months)</u>
TK – 8 th Grade	\$ 6,450.00	\$ 645.00 (tuition)

Non-Refundable Registration Fee - \$400

\$100 savings – if registration fee is paid by Friday before Spring Break

No Registration fees required if you are on State Scholarship with proof of application and no past due balance.

*Your current balance must be cleared to receive the additional savings
If you need help filling out this portion please schedule a meeting with the principal.

Monthly Payment Worksheet

Month	Scholarship	Conference	Church Total	Sponsor/ Matching	Parent	Total
August	\$	\$	\$	\$	\$	\$
September						
October						
November						
December						
January						
February						
March						
April						
May						

Total \$ _____

- I have applied for the AAA Scholarship or/any other scholarships
- I will be enrolling my child(ren) in After-School Care on a regular basis or occasionally for \$10/day. (Monday–Thursday 3:30 pm – 6 pm and Friday 12 pm - 6 pm)

I realize that this contract is a legal and binding document. I accept the responsibility of this contract and will fulfill its conditions according to the above payment schedule. I also understand that a late fee of \$35.00 will be assessed if payment is not made by the 10th of each month, excluding August. If payments are not made by the 30th of each month my child(ren) will be withdrawn from RCA until my account is made current. Outstanding account balances turned over to collections will be charged a 30% fee above the total amount owed.

Parent Signature

Date

1 Per Student Consent to Treatment Riverview Christian Academy

Only designated staff will have access to the completed form. This form will be stored in a locked file. This form must be filled out at the beginning of each school year to cover the activities for the school year. A copy of each student's form must be taken on off-campus activities.

Student's Full Name: _____

_____ Date of Birth (month/day/year) _____ Social Security Number (United States)

Parent/Guardian Information:

Father/Guardian: _____

_____ Business Phone _____ Mobile Phone _____ Social Security Number

Mother/Guardian: _____

_____ Business Phone _____ Mobile Phone _____ Social Security Number

Please describe allergies to substances and medications: _____

If on regular medication, please specify: _____

_____ Date of Last Tetanus Shot

Please give the name of your local family physician to be called in case your child becomes ill or has an accident at school and you cannot be reached:

_____ Family Physician Name _____ Office Phone

Physician's Office Address: _____

Hospital Preference: _____

_____ Hospital Phone

Please give the name of a relative or friend who has consented to assume the responsibility of your child in case of illness or accident until you can be reached. In case of any changes in the named person, notify the school in writing.

Name: _____

_____ Phone

Address: _____

The above named student is: _____ or is not: _____ covered by health insurance.

_____ Present Health Insurance Company _____ Policy Number

If emergency service involving medical action or treatment is required and neither the parent nor the family physician can be reached for consent, the parents hereby consent to the rendering of such emergency medical service for the above named student as shall be necessary in the medical opinion of the doctor rendering service.

_____ Signature of Parent or Guardian _____ Date

Riverview Christian Academy Consent for FieldTrip(s) 1 Per Family

During the school year the teachers at Riverview Christian Academy may schedule field trips which will take the students on educational experiences outside the school campus. Parents will be notified of these field trips as they are scheduled by written notice sent home with the student, via emails or texts messages. This notification will tell the nominal cost (if any) for each student, as well as the place, date, and the time of the field trip.

School personnel will take all normal precautions to ensure student safety.

We will appreciate your signing the bottom part of this sheet authorizing us to allow your child(ren) to participate in these experiences outside of the school.

.....

Recognizing that class/school field trips are an appropriate part of the school program, I hereby consent to your taking _____ (Student 1 name), _____ (Student 2 name), _____ (Student 3 name), _____ (Student 4 name) on field trips during the school year, and I hereby expressly relieve, indemnify, save and hold harmless the Nevada-Utah Conference of Seventh-day Adventists, Riverview Christian Academy, the School Board of Riverview Christian Academy, and all agents or employees thereof from and against any and all liability or claims arising from injury or damage to person or property or both caused by or resulting from said child(ren)'s acts, omissions or conduct while on said trips. I also release and relieve the aforementioned conference, school and personnel from any and all liability or claims arising from injury or damage suffered or incurred by said child(ren) as a result of the acts, omissions, or conduct of any person, other than the negligence of said conference, school or personnel.

It is further understood that I shall have the responsibility of advising said child(ren) of any known risks of such trips.

I further agree to assume the responsibility of seeing that my child(ren) cooperates and fully conforms to the school directions and instructions of the school officials in charge.

Parent's Signature

Date



Riverview Christian Academy Photo Release Form

I hereby consent and authorize Riverview Christian Academy or its assigns to use my name and/or the names of my family members who are minors, as listed below, as well as my likeness, photos, videos, and other information (or that of family members who are minors) for the purpose of school news releases, publicity, advertising, publication, or distribution as Riverview Christian Academy believes appropriate. I further consent to such use in their present form and to any changes, alterations, or additions thereto.

I hereby release Riverview Christian Academy from all liability in connection with all such uses.

Additional comments (if any): _____

Dated this _____ day of _____, 20_____

(Please **print your** name)

(Parent Signature)

List of Family Members to Whom the Release Applies:

_____	_____
_____	_____
_____	_____

Riverview Christian Academy

Acceptable Use Policy

Information Technology Resources

The Riverview Christian Academy is pleased to offer students access to the school's information technology resources, including the computer and Internet, for educational purposes. To gain access to these resources, the legal parent/guardian and student must sign and return this form to the school.

The Internet is a powerful resource for expanding the educational experience of each student. Access to the Internet will enable students to explore thousands of libraries, databases, and bulletin boards which exchanging messages with internet users throughout the world. Unfortunately, it is true that some materials accessible via the Internet may contain items that are illegal, defamatory, inaccurate, or offensive. We believe, however, that the benefits to students in the form of information resources and opportunities for collaboration exceed any disadvantages and, therefore, choose to make the Internet available to our students. But because parents and guardians are ultimately responsible for setting and conveying the standards that their children should follow when using media and information sources, we respect each family's right to decide whether to apply for access.

The school's information technology resources are for educational purposes only. Since they are provided for students to conduct research and communicate with others, access is given to students who agree to act in a considerate and responsible manner. Parental permission is required. Access is a privilege – not a right. Access entails responsibility. School staff may review files and communications to maintain system integrity and ensure that users are using the system responsibly.

Students will adhere to Christian principles and will:

- ❖ Respect and safeguard the privacy of themselves and others.
 - Use only assigned accounts.
 - Not view, use, or copy passwords, data, or networks to which they are not authorized.
 - Not share private information about others or themselves.
- ❖ Respect and safeguard the integrity, availability, and security of all electronic resources.
 - Observe all posted security practices.
 - Report security risks or violations to a teacher.
 - Not destroy or damage data, networks, or other resources that do not belong to them, without clear permission of the owner.
 - Conserve, protect, and share these resources with other students and internet users.
- ❖ Respect and safeguard the intellectual property of others
 - Not infringe copyrights.
 - Not plagiarize.

Acceptable Use Policy – Page 2

- ❖ Respect and practice the principles of community.
 - Communicate only in ways that are kind and respectful.
 - Report threatening or discomfoting materials to the teacher.
 - Not intentionally access, transmit, copy, or create materials that violate Christian principles or that are illegal (such as messages that are threatening, rude, discriminatory, harassing, stolen, illegal copies of copyrighted works, etc.).
 - Not use the resources to further other acts that are criminal or violate the school’s principles.
 - Not send spam, chain letters, or other mass unsolicited mailings.
 - Not buy, sell, advertise, or otherwise conduct business, unless approved as a school project.

Violations of these rules may result in a loss of a student’s privileges to use the school’s information technology resources, as well as other disciplinary or legal action.

School administrators and other authorized individuals monitor the use of information technology resources to help confirm that uses are secure and in conformity with this policy. Administrators reserve the right to examine, use, and disclose any data found on the school’s information technology resources in order to further safeguard the health, safety, discipline, or security of any student or other person, or to protect property. They may also use this information in disciplinary actions and will furnish evidence of crime to law enforcement.

Your signature below affirms your understanding of, and agreement to abide by, this Acceptable Use Policy. Any violation of the standard as set forth herein may result in the immediate termination of the student’s access to the school’s information technology resources and/or other disciplinary action.

_____	_____	_____	_____
(Print Student Name)	(Student Signature)	(Grade)	(Date)
_____	_____	_____	_____
(Print Student Name)	(Student Signature)	(Grade)	(Date)
_____	_____	_____	_____
(Print Student Name)	(Student Signature)	(Grade)	(Date)
_____	_____	_____	_____
(Print Student Name)	(Student Signature)	(Grade)	(Date)
_____	_____	_____	_____
(Please print Parent name)	(Parent Signature)		(Date)



Optional Form: Riverview Christian Academy Medication Authorization and Administration Form

Please check if you would like RCA to administer medication:

I do not allow Riverview Christian Academy to administer medication to my child(ren).

I hereby request and authorize school personnel to administer the prescribed medication as directed by our doctor.

Student 1 Name: _____ DOB: _____

Student 2 Name: _____ DOB: _____

Student 3 Name: _____ DOB: _____

Student 4 Name: _____ DOB: _____

Parent's Name(s): _____

Parent or Guardian Signature

Date

Only to be filled out if you selected to allow RCA to administer medication:

Doctor's Name: _____ Doctor's Phone: _____

Cut hereCut here.....Cut here

Doctor's Orders

You are hereby directed to give _____
Name of Child

His/her medication, _____
Name of Medication

in the amount of _____ tablets/capsules at _____ a.m./p.m. daily or as follows _____.

Duration: _____

Possible Side Effects: _____

Doctor's Signature

Date

Phone

Optional Form:



**Riverview Christian
Academy
After School Care**

Daily Rate:

\$10 per student

Hours:

**3 pm—6 pm (M-Th)
12 pm—6 pm (F)**

Attendance will be monitored throughout the month and total charges for after school care will be invoiced by the 5th of the following month. Families who are not current on their school bill will not be allowed to participate in the program.

I hereby fully waive, release, and hold harmless the Riverview Christian Academy, together with all its agents, employees, representatives, officers, and directors from any and all claims, causes of actions, damages, costs, expenses, and other liabilities in any way arising out of or resulting from such membership or participation, including, but not limited to, any personal injury, accident, illness, property damages or any loss, injury or harm of any nature whatsoever. I attest and verify that I have full knowledge of any and all risk involved in such participation, and that I will, on behalf of the named student (s), assume full responsibility for such risks and pay any and all medical, emergency, and other costs and expenses in the event of injury, accident, illness, casualty or other incapacity regardless of whether I have authorized such expenses. I acknowledge that my child(ren) is in good health, physically fit, and sufficiently trained to participate in the program. Children must be picked up by closing time as there is no grace period. Credits will not be issued for suspension of any kind and fees are non-refundable/non-transferable.

Sign-up Sheet

Student 1 First and Last Name: _____

Student 2 First and Last Name: _____

Student 3 First and Last Name: _____

Student 4 First and Last Name: _____

Parent Phone Number: _____

Parent/ Guardian Signature: _____

By signing above, I agree I have read this form in its entirety and agree to adhere to the rules set forth by Riverview Christian Academy.