

Riverfield Academy
115 Riverfield Drive
Rayville, LA 71269

**Registration
2017-2018**

318-728-3281
fax 318-728-3285
racademy@riverfieldacademy.net

****We will have tables set up for registration return in the library on
April 21st at 7:30 – 3:30.**

Please include all post-dated payments made separately.

Registration Fee will be deposited May 1st - **separate check**

Tuition Payment will be deposited June 1st

Athletic Fee will be deposited on June 1st – **separate check**

Yearbook Fee will be deposited on June 1st – **separate check**

Optional:

Bus Fee will be deposited on August 15th (**Delhi Only**)

Lunch payments will be deposited on August 15th

Check List:

_____ **Registration Form** - Complete, sign and date

_____ If not on file include copies of : Birth Certificate
Immunization Records
Social Security Card

_____ **Method of Payment Form** – Indicate method of payment, 3 signatures, & date
Payment in Full – date check June 1st
Two Payments – date checks June 1st & Dec. 1st
Monthly – Bank Draft Only (**attach voided check**)

_____ **Admission Policy Form** - answer each question, sign, and date

_____ **Yearbook Order** – Include **separate** payment to Riverfield Heritage (Optional)

_____ **Athletic Fee Form** – Include **separate** payment to Riverfield Athletics
Grades 7-12 softball, football, baseball, basketball

_____ **Bus Form** – Indicate method of payment, complete, and sign.
Attach voided check. (Optional)

_____ **Tax Form** – Complete, sign, and date.

_____ **Lunch Money** – Include **separate** check. (Optional)

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Tuition and Fee Information

Tuition – Paid June 1st – May 1st

PreK – Grade 5 **\$4,740.00** (\$100.00 discount if paid in full June 1st)
Grades 6 – 12 **\$4,860.00** (\$100.00 discount if paid in full June 1st)

Non-refundable Registration Fee per student – Must be paid May 1, 2017

\$200.00 per student due by May 1st

Additional \$50.00 per family late fee if currently enrolled students are not enrolled by May 1st

Yearbook fee – Include post-dated check for June 1, 2017

*** See attached form***

Athletic fee – Include post-dated check for June 1, 2017

*** See attached form***

Optional:

Lunch for grades PreK - 5th \$4.00 daily or \$670.00 yearly (Send separate check)
6th - 12th \$5.00 daily or \$835.00 yearly (Send separate check)
Bus - ***See attached form***

Tax Letter – Fill out attached form if needed.

Method of Payment

Tuition may be paid in one of the following methods:

1. Yearly – Annual tuition in full on June 1
2. Semester – ½ of the annual tuition on June 1 and December 1
3. Monthly – draft only - 1/12 of the annual tuition due on the first of the month June 1, 2017 to May 1, 2018 from the chart below.

Monthly Rates

These rates apply only if registration is complete by June 1, 2017

| | <u>Pre K – Grade 5</u> | <u>Grades 6 - 12</u> |
|---------------------------------------|------------------------|----------------------|
| 1 st child | \$395.00 | \$405.00 |
| 2 nd child | \$395.00 | \$405.00 |
| 3 rd child (20 % discount) | \$316.00 | \$324.00 |
| 4 th child (40 % discount) | \$237.00 | \$243.00 |
| 5 th child (50% discount) | \$197.50 | \$202.50 |

DIRECT PAYMENT FORMS MUST ACCOMPANY REGISTRATION FORM

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Method of Payment

Name of student _____

Children are not enrolled until the method of payment is completed. You may pay in full at the time of registration or complete the direct payment form granting the school permission to draft monthly payments from your account. Those paying semiannually must leave a post dated check for the second payment.

_____ **Payment in Full** - Check dated June 1, 2017.

_____ **Two Payments** - Checks dated June 1, 2017 and December 1, 2017 for ½ of tuition.

_____ **Bank Draft – Must attach a voided check to this form if from checking.**

Amount for June – May \$ _____ () checking account () savings account

****If savings:** Routing # _____ Account # _____

Draft my account on the _____ 1st or the _____ 15th

Signature of Parent/Guardian

Date

***Is someone other than a parent/guardian paying for tuition?** ___yes ___no

If yes, what is their relationship to the child? _____

Name _____ Address _____

I understand that students are enrolled for the entire school year and that the total tuition is due upon enrollment. The fact that the tuition may be paid in installments or monthly payments does not constitute a fractional contract.

| Date of withdrawal | Percentage owed to the school | Percentage refunded to the parent |
|--------------------|-------------------------------|-----------------------------------|
| Prior to May 31 | 10% | 90% |
| June 1 – July 31 | 20% | 80% |
| Aug 1 – Oct 15 | 40% | 60% |
| Oct 16 – Dec 31 | 60% | 40% |
| After Dec 31 | 100% | 0% |

Signature of Parent/Guardian

Date

Parent's statement of agreement

I agree that my children or those students, whom I am sponsoring at RA, are subject to the guidelines and regulations (including drug testing in grades 6 – 12) contained in the Student Handbook. I understand that violation of these rules and regulations will lead to disciplinary action as deemed necessary by the school administration and staff. Additionally, I understand and I will abide by the policy of administration and staff in maintaining these standards and agree to abide by these standards and insist that my child, or the children whom I sponsor, also abide by them. I give permission for child's photograph to be used in the newspaper and/or the Riverfield website.

Signature of Parent/Guardian

Date

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Student Information

Name _____ Grade Applying for: _____
 First Middle Last
Address _____ City _____ Zip Code _____
Home phone _____ Student's Cell _____
Date of Birth _____ Age _____ Sex: M or F
Social Security Number _____ Race _____

Parent Information

Father/Guardian Name _____ E-Mail _____
Address _____ City _____ Zip Code _____
Phone: Home _____ Cell _____ Work _____
Father's Occupation _____ Employer _____

Mother/Guardian Name _____ E-Mail _____
Address _____ City _____ Zip Code _____
Phone: Home _____ Cell _____ Work _____
Mother's Occupation _____ Employer _____

If parents are separated or divorced, please indicate by a check mark the custody arrangement.
Joint _____ Mother is primary custodian _____ Father is primary custodian _____
Both parents have equal rights unless court orders are on file indicating otherwise.

Emergency Contact Information

Names in order of preference to be called after attempting to reach parents:

Name _____ phone _____ Relationship _____
Name _____ phone _____ Relationship _____
Name _____ phone _____ Relationship _____

Please attach a copy of students: Birth Certificate, Immunization Record, and Social Security Card (If not on file)

Parent signature _____ Date _____

Admission Policy

Entrance Requirements for all students are:

1. Complete the required registration forms.
2. Students will be tested using the STAR text for reading and math.
3. High School students must have a cumulative GPA of 2.0 or above.
4. Students entering grades 8 – 12 must take and pass a drug screen test for illegal substances, including, but not limited to marijuana, methamphetamine, synthetic cannabinoids (bath salts), and cocaine, at the parent's expense.
5. Students entering from a Louisiana Public School must have passed the tests required from the school system or have received a waiver from the Board of Directors.
6. Students cannot have been arrested for committing a crime. Parent may appeal to Board.
7. Students cannot have been expelled from any of their previous schools. Parent may appeal to Board.
8. Students cannot have an excessive number of discipline referrals from previous schools.
9. Students cannot have excessive absences or tardiness from previous schools.
10. All new students are on probation for the 1st semester.

Students who do not meet the above criteria will have their records reviewed by the Academic Committee, and a recommendation will be given to the board concerning their acceptance for enrollment.

Admission Questionnaire

Name of Student _____

Answer each question.

- | | | |
|--|-----|----|
| 1. Does your child have any physical handicaps or limitations? If yes, explain. | Yes | No |
| 2. Has your child been diagnosed by a physician as having a learning disorder? If yes, what disability? (Attention Deficit, Dyslexia, Hyper Activity, other) Copies of the medical reports should be provided to the school. | Yes | No |
| 3. Is your child on prescribed medication? If yes, what medication? _____ | Yes | No |
| 4. Does your child have allergies that would require immediate attention? If yes, please describe. _____ | Yes | No |
| 5. Has your child ever been suspended from school? If yes, give date(s) and reason. _____ | Yes | No |
| 6. Has your child ever been arrested? If yes, please explain. _____ | Yes | No |
| 7. Has your child ever been charged with a DWI? | Yes | No |
| 8. Has your child ever been charged with illegal use or possession of drugs? | Yes | No |
| 9. Name of previous school or schools. _____ | | |
| 10. Are you currently receiving 504 or special education services? | Yes | No |

Failure to accurately answer the above questions will result in dismissal of your child from Riverfield Academy.

Signature of parent or guardian

Date

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Yearbook Order Form

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

Number of yearbooks ordered _____

Payment amount included _____

Make payment for yearbook separate from enrollment check.

Payable to Riverfield Heritage

\$50.00 per book

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RA non-refundable *Athletic Fee*

**\$125.00 per family due @ registration
for students in Grades 7th – 12th
participating in Baseball, Basketball, Football & Softball**

Student's Name _____ Grade _____ Sport _____

Student's Name _____ Grade _____ Sport _____

Student's Name _____ Grade _____ Sport _____

Student's Name _____ Grade _____ Sport _____

Parent's Name _____ phone number _____

_____ phone number _____

Address _____

Make checks payable to Riverfield Athletics

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**RIVERFIELD BUS
2017 - 20118**

Students name _____

(Please check 1)

_____ \$500 Payment

_____ Monthly bank draft (\$50.00 per month ---- August – May)

Please attach a voided check.

Emergency Numbers: _____

Bus will pick up at Delhi Baptist Church parking lot every morning at 7:15 or Dunn Baptist Church at 7:20.

1. No food or drinks
2. All trash should be placed in garbage container
3. Arms and heads are to be kept inside bus at all times
4. NO throwing items out the windows
5. NO fighting
6. NO ugly or inappropriate language
7. NO ripping or tearing seats
8. NO writing on bus seats or walls
9. Children are to remain seated at all times – NO walking around or jumping

Disciplinary Procedures:

First Time: The first time a problem occurs - the driver will talk to the child involved.

Second Time: The parents will be notified.

Third Time: The child will not be allowed to ride the bus for 1 week.

Fourth Time: The child will not be allowed to ride the bus for the remainder of the year.

I have read and understand the rules and regulations. _____
Signature of parent

Tax Information

____ Yes, I would like to receive my tax information for tuition and registration for the 2017 – 2018 school year.

____ No, I do not need my tax information from the school.

Childs name _____ Grade _____

Childs name _____ Grade _____

Childs name _____ Grade _____

Childs name _____ Grade _____

Parent/Guardian _____

Address _____

*****I understand that this tax information can only be sent to the person/persons whose name is on the corresponding check.**

Signature of parent or guardian

Date