

Rise Academy-South Dade Charter School

Every child deserves an excellent, free, college preparatory education.

Students in K, 1, 2, 6 and 7 attend classes at Royal Palm Square located at:

103 E. Lucy Street, Florida City, FL 33034

(305) 677-3779 www.riseschools.org Fax (866) 898-9735

STUDENT APPLICATION FOR ADMISSION 2009/2010

STUDENT INFORMATION

Student's Legal Name _____
Last First Middle

Student's Preferred Name _____
(if different from above) Last First Middle

Street Address: _____ City: _____ Postal Code: _____

Mailing Address (if different from above): Postal Box: _____ Postal Code: _____

Birth date: ___/___/___ AGE as of Sept. 1, 2009: ___ GRADE: ___ Sex: Male Female
Day Month Year

Ethnicity: _____ Student's Home Telephone: _____

Parent's e-mail address: _____

FAMILY INFORMATION

Mother's Name: _____

Mailing Address (if different): _____

Phone #: During School: _____ Evening: _____ Cell: _____ Lives with Student Yes No

Mother's e-mail address: _____

Father's Name: _____

Mailing Address (if different): _____

Phone #: During School: _____ Evening: _____ Cell: _____ Lives with Student Yes No

Father's e-mail address: _____

Guardian Name: _____ Mailing Address (if different): _____

Phone #: During School Hours: _____ Evening: _____ Postal Code: _____

LAST SCHOOL ATTENDED

Name of School: _____ Grade: _____ Phone Number: _____

Address: _____ Postal Code: _____

Rise Academy-South Dade Charter School provides a college preparatory education beginning in Kindergarten and extending through eighth grade. Within a structured and rigorous learning environment, Rise Academy students are prepared to excel in academics and the world.

Please mail to: Rise Academy, P.O. Box 344456, Florida City, FL 33034

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MEDICAL INFORMATION

Are there any particular medical or academic problems your child may be experiencing which his/her teacher should be aware of?

Physical Disabilities

Allergies

Serious Illness

Speech Therapy

Physical Therapy

Occupational Therapy

Please explain: _____

Vision, Hearing, and Scoliosis Screening

Screening for possible vision, hearing, and spinal problems will be done during the school year.

Please check one of the following:

Yes, I give permission to the school nurse to screen my child for possible vision, hearing, and spinal problems.

No, I do not give permission to the school nurse to screen my child for possible vision, hearing, or spinal problem.

MEDIA RELEASE

This form will allow your child's name (only) and photograph to be used by any media that might take photographs at Rise Academy-South Dade Charter School, any fieldtrip or function

Yes, I give permission for my child's name and photograph to be used by the media

No, I do not want my child's name or photograph to be used by the media.

SIGNATURE REQUIRED: I hereby declare that I have read and understood the information contained on this form and the information I have provided is correct.

Signature _____ Date _____

Printed Name _____

Office Use Only:

Entry Date: _____

Student ID # _____

Entry Code: _____

Prior Res. Code _____

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