

RIVER OAKS ACADEMY

10600 Richmond
Houston, Texas 77042
Phone (713) 783-7200 Fax (713) 783-7286

ENROLLMENT FORM

Date: _____ Application for: _____
Semester Year

Student Name: _____ Birthday: _____
Last First Middle

Current Grade: _____ Last school attended: _____ School District: _____

Mother's Name: _____ Father's Name: _____

Address: _____
Street City, State Zip Code

Secondary Address: _____
Street City, State Zip Code

Mother's Phone & Email: _____
Home Work Cell Email

Father's Phone & Email: _____
Home Work Cell Email

Marital Status: _____ Custodial Parent: _____

Mother's Occupation/Employer: _____

Father's Occupation/Employer: _____

Student's Primary Language: _____ Language spoken at home: _____

In case of emergency contact:

1) _____ Phone: _____

2) _____ Phone: _____

Educational History:

Grade	Dates Attended	School Attended

Does your child have any physical disabilities? _____ If yes, explain _____

Is your child taking any medications? _____ If yes, list the names and what they are for: _____

Does your child have any learning disabilities? _____ If yes, explain _____

Has your child had a psychological or educational evaluation within the last three years? _____

Is/Has your child been under the care of a psychologist, psychiatrist or therapist? _____

Does your child have any allergies? _____

Does your child have any special needs? _____

Upon admission River Oaks Academy requires student's transcripts and immunization records to be on file. For students earning high school credits, a parent conference must be scheduled with the Director to review the status of credits for high school graduation.

I understand that this application authorizes River Oaks Academy to request and receive academic records and secure other pertinent information concerning admission to the academy.

Parent/Guardian: _____ Date: _____



OFFICE USE ONLY

Student's Name: _____ Grade Placement: _____ Year: _____

Transcripts Requested: _____
Date

Records Requested: _____
Date

Transcripts Received: _____
Date

Records Received: _____
Date