



# RIVERMONT COLLEGIATE

1821 SUNSET DRIVE - BETTENDORF, IA 52722  
(563) 359-1366 x 302

**For Office Use**

## APPLICATION FOR ADMISSION

*To be completed by a parent or legal guardian.*

### APPLICANT INFORMATION

Name \_\_\_\_\_  
*First Middle Last Nickname*

Home Address \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
*Street City State Zip Telephone*

County of Residence \_\_\_\_\_ Public School District \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Place of Birth \_\_\_\_\_ Citizen of \_\_\_\_\_  
*month day year*

Applying for \_\_\_\_\_ for 2011-2012 If PreSchool, how many days per week? \_\_\_\_ Male or Female  
*Grade (Please circle one)*

Name of Present School \_\_\_\_\_

School Address \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
*Street City State Zip Telephone*

Name of Counselor or Classroom Teacher \_\_\_\_\_

### FAMILY INFORMATION

Father's/Guardian's Name \_\_\_\_\_ Mother's/Guardian's Name \_\_\_\_\_  
(Mr. Dr. ) (Mrs. Ms. Dr.)

Address \_\_\_\_\_ Address \_\_\_\_\_  
*If different from applicant If different from applicant*

Home Telephone \_\_\_\_\_ Home Telephone \_\_\_\_\_

Cell phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email Address \_\_\_\_\_ Email Address \_\_\_\_\_

College(s) Attended \_\_\_\_\_ College(s) Attended \_\_\_\_\_

Degree & Field \_\_\_\_\_ Degree & Field \_\_\_\_\_

Occupation/Title \_\_\_\_\_ Occupation/Title \_\_\_\_\_

Name of Firm \_\_\_\_\_ Name of Firm \_\_\_\_\_

Business Address \_\_\_\_\_ Business Address \_\_\_\_\_

Business Telephone \_\_\_\_\_ Business Telephone \_\_\_\_\_

**Please complete both sides of this Application. Thank you!**

Are parents divorced or separated? \_\_\_\_\_ If yes, name of custodial parent \_\_\_\_\_  
Do both parents receive school correspondence? \_\_\_\_\_

Are both parents living? \_\_\_\_\_ If no, please explain \_\_\_\_\_

Siblings

Name	Gender	Current Grade in School
_____	_____	_____
_____	_____	_____

Relatives now or previously at St. Katharine's-St. Mark's or RIVERMONT COLLEGIATE:

First	Middle	Last	Class	Relationship
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

How did you learn about RIVERMONT COLLEGIATE? \_\_\_\_\_

**OPTIONAL INFORMATION**

What is the applicant's first language? \_\_\_\_\_ Ethnic Heritage: \_\_\_\_\_

Parents' country of birth: \_\_\_\_\_  
Mother Father

**FINANCIAL ASSISTANCE**

Do you intend to apply for financial assistance?  Yes  No

**PAYMENT OF FEES**

Person(s) responsible for payment of tuition and fees

_____	_____	_____	( _____ )
First	Middle	Last	Telephone
_____	_____	_____	( _____ )
First	Middle	Last	Telephone

Address (if different from applicant) \_\_\_\_\_  
Street City State Zip

The required, non-refundable \$50 application/placement fee (\$100 maximum per family when applying at the same time) should accompany this form. Checks may be made payable to **RIVERMONT COLLEGIATE**.

Signature of Parent/Guardian \_\_\_\_\_ Date of Signature \_\_\_\_\_

**Return completed application to:**  
Admission Office  
RIVERMONT COLLEGIATE  
1821 Sunset Drive  
Bettendorf, IA 52722-6045