



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 _____ in 2007/2008

Grade

Male

Female

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

<i>Name</i>	<i>Gender</i>	<i>Current Grade in School</i>
_____	_____	_____
_____	_____	_____

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

<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>Class</i>	<i>Relationship</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

_____	() _____
<i>First</i> <i>Middle</i> <i>Last</i>	<i>Telephone</i>
_____	() _____
<i>First</i> <i>Middle</i> <i>Last</i>	<i>Telephone</i>

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