



The River Learning Academy

Student Application

Middle & High School

To be completed by the student on their own

Name of Student _____ Grade Applying for _____

Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Birthday _____ Age _____

1. Do you want to attend The River Learning Academy? Yes No
Why? _____

2. Do you have friends or peers that you know attending RLA? _____
Who? _____

3. What is your hope or goals you want to achieve if accepted at RLA? _____

4. Have you had any difficulties with teachers or peers in any of your previous schools? _____
If yes, please explain: _____

What is your goal after graduating high school?

___ Ministry College or University ___ Public/Private College or University

___ Trade School ___ Get a job ___ Travel ___ Church Ministry

5. Have you chosen a career or field of work you would like to do? _____
If so, what is it? _____

6. Have you participated in any of these extracurricular activities before? If so then how long?

Sports _____ What sports? _____

Band _____ What instrument? _____

Choir/Voice _____ Experience? _____

Drama _____ Experience? _____

Computers/Coding _____ Experience? _____

7. Have you participated in any extracurricular activities that were not listed in question 7? _____

Please list: _____

8. Have you received any awards or special honors? _____

Please list: _____

9. What kind of extracurricular activities would you like to see available at RLA? _____

10. What hobbies and/or activities do you enjoy outside of school? _____

11. Please tell us what you believe are two of your strengths.

1. _____

2. _____

12. Please tell us what you believe are two of your weaknesses.

1. _____

2. _____

13. Describe yourself as you would in the opening of a letter to someone who has never met you.

14. Please tell us what you believe about Jesus Christ and who He is to you.

I verify that I have answered these questions honestly and completely, in my own words.

Student Signature _____ **Date** _____