



# Application for Admission

## 1. STUDENT INFORMATION

Student's Name \_\_\_\_\_

\_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last)

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Grade Level (fall of 2023) \_\_\_\_\_  
(Mo./Day/Yr.)

Address \_\_\_\_\_ Zip \_\_\_\_\_  
(Mailing)

Current MRA student sibling? Y N Sibling Name: \_\_\_\_\_

Primary Telephone (best to reach Parent/Guardian) \_\_\_\_\_

School Currently Attending \_\_\_\_\_

Is your student currently on a 504 / IEP / IFSP? \_\_\_\_\_

## 2. FAMILY INFORMATION

Parent/Guardian (Primary) \_\_\_\_\_ Email \_\_\_\_\_

Spouse (if not student's biological parent) \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_  
(Physical)

Home Telephone \_\_\_\_\_ Work # \_\_\_\_\_ Cell \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Email \_\_\_\_\_

Spouse (if not student's biological parent) \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_  
(Physical)

Home Telephone \_\_\_\_\_ Work # \_\_\_\_\_ Cell \_\_\_\_\_

Contact Other than Parents:

Name \_\_\_\_\_ Telephone #(s) \_\_\_\_\_

## 3. Correspondence and billing information should be sent to:

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_ When possible I prefer to receive the MRA Newsletter and other correspondence via email (listed above).

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

Date of Application \_\_\_\_\_

### NON-DISCRIMINATION POLICY

Molalla River Academy welcomes all families in its admission policy and the conduct of its educational programs.  
Molalla River Academy | 16897 S. Callahan Rd, Molalla, OR 97038 | 503.829.6672 | Info@mra-k8.com