

# Richard Milburn Academy High School

A Free Public Charter School

## OPEN ENROLLMENT INTENT TO ENROLL

Re-enrollment period is April 1<sup>st</sup>-15<sup>th</sup> for returning students. April 16<sup>th</sup>- April 30<sup>th</sup> is the Open Enrollment period for anyone interested in enrollment. If the number of applications exceeds the capacity of the program, class, grade level, or building, all applicants will have an equal chance of being admitted through a random selection process on May 15<sup>th</sup>. If all slots are not filled by April 30, applications will continue to be accepted. Should enrollment exceed RMA's capacity, the school will hold a lottery to determine who will be enrolled and who will be placed on a waiting list in order of selection. Applications received after April 30<sup>th</sup> will be considered on a space by space basis only.

[info@rmacademy.org](mailto:info@rmacademy.org) [www.rmacademy.org](http://www.rmacademy.org)

*\*Please print and complete one (1)*

*application per student.*

**Grade Applying for 2017-2018: (circle one) 9<sup>th</sup> 10<sup>th</sup> 11<sup>th</sup> 12<sup>th</sup>**

### Student Information:

Student Name

\_\_\_\_\_  
Last First Middle

Name Called

\_\_\_\_\_  
Date of Birth

Current School

\_\_\_\_\_  
Name City State

Physical Address

\_\_\_\_\_  
Street City State Zip

Mailing Address

\_\_\_\_\_  
Street City State Zip

Primary Email Address *(please print clearly)*

\_\_\_\_\_

**How do you wish to receive confirmation that your application was received?** *(choose one)* US Mail or Email

### Family and Contact Information:

Parent/Guardian's Name

\_\_\_\_\_

Parent/Guardian's Name

\_\_\_\_\_

Work number

\_\_\_\_\_

Work Number

\_\_\_\_\_

Cell Number

\_\_\_\_\_

Cell Number

\_\_\_\_\_

Home Number

\_\_\_\_\_

Home Number

\_\_\_\_\_

Relationship

\_\_\_\_\_

Relationship

\_\_\_\_\_

Child live with

\_\_\_\_\_

Child live with

\_\_\_\_\_

Yes  No Is the Student a child of a Founder, teacher, or staff member of RMA?

Founder, teacher, or staff member's name *(if applicable)*: \_\_\_\_\_

Yes  No Does the Student have any siblings attending RMA?

Name of sibling(s) *(if applicable)*: \_\_\_\_\_

Yes  No Does the student have any siblings who are also currently applying for admission into RMA?

Name of sibling(s) *(if applicable)*: \_\_\_\_\_

### Admission Information:

RMA is a free, nonsectarian, open enrollment charter school. RMA does not discriminate in admissions based on gender, national origin, ethnicity, religion, disability, academic, artistic, or athletic ability, or the district the child would otherwise attend. RMA will give enrollment preference to the following student populations according to F.S. 1002.33(10)(d): Students who are siblings of a student enrolled in the charter school; Students who are the children of an employee of RMA; Students who are the children of members of the Founding Board.

### By submitting this application:

I request that my child be considered for enrollment at RMA for the grade indicated above. I understand that if there are more applications than seats available, my child will be assigned a number and entered into a drawing to determine placement in the school or wait list. Only parents/legal guardians are authorized to register a student for enrollment. *(If you are a student who is an emancipated minor or over the age of 18, call the school office for special instructions.)*

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

\_\_\_\_\_  
Date

**Completed applications must be turned in to the RMA High School Office.**