



Application for Admission

1. STUDENT INFORMATION

Student's Name _____

Birth Date _____ (First) _____ (Middle) _____ (Last)
Age _____ Grade Level (fall of 2020) _____

Address _____ (Mailing) _____ Zip _____

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