

2025-2026 Enrollment Application

Date Submitted: ____/____/____

Parent/Guardian Name: _____

Primary Phone: _____

Secondary Phone: _____

Address, City, State, Zip: _____

Students Legal Name	Birth date	Gender	Grade	Last School

Note: Birth certificate, immunization records, and social security card will be required before acceptance.

Ethnic Roots/Background:

<input type="checkbox"/> Asian <input type="checkbox"/> African <input type="checkbox"/> European <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Middle Eastern
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Languages Spoken in the Home: 1: _____ 2: _____

With whom does the student live as a permanent student?

<input type="checkbox"/> Both Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Mother & Stepfather <input type="checkbox"/> Father & Stepmother <input type="checkbox"/> Guardian (proof needed)

Mother's Name: _____ Father's Name: _____

Main Phone: _____ Main Phone: _____

Employer: _____ Employer: _____

Birthdate: _____ Birthdate: _____

Email: _____ Email: _____

Special Education Support – check all that apply (please include documentation):

<input type="checkbox"/> Speech <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Learning Disabilities <input type="checkbox"/> Emotional Impairment
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Special Service Support – check all that apply:

<input type="checkbox"/> Bilingual/ESL <input type="checkbox"/> Counseling <input type="checkbox"/> Occupational Therapy
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River of Life's Statement of Faith

1. We believe that the Scriptures of the Old and New Testaments are the very Word of God in their entirety, verbally inspired and inerrant as originally given, and are the supreme and final authority in faith and life.
2. We believe in one God, creator of the universe, eternally existing in the persons of the Father, the Son, and the Holy Spirit.
3. We believe that God created humankind, as male and female, in His own image.
4. We believe that when Adam disobeyed God, all of humankind entered a state of being separated from God and enslaved to sin.
5. We believe that Jesus Christ was conceived by the Holy Spirit, born of the Virgin Mary, lived a sinless life, was crucified for our sin, and was raised bodily from the grave, ascended into heaven, and is coming again in power and glory. He is undiminished deity and genuine humanity in one person.
6. We believe that the Holy Spirit is a personal Being who convicts the world of sin and who regenerates, indwells, empowers (with gifts of the Holy Spirit), guides, and seals believers eternally for God. We believe that regeneration by the Holy Spirit is absolutely necessary for the salvation of lost sinners, and that those who receive the Lord Jesus Christ as their savior, by faith, are born again into the family of God.
7. We believe that the family of God is the Church, which is the body of believers of which Christ is the head.
8. We believe that God ordained marriage as a lifelong union between one man and one woman.
9. We believe that Heaven is the abode of God and the place of eternal joy for the saved, and that Hell is the place of eternal punishment and separation from God for the lost.

Revision - March 8, 2019

Parent/Guardian Signature

____/____/____
Date

Emergency Information & Field Trip Permission Form

2025-2026

Family Last Name (please list all last names) : _____

Student Name	Grade & Teacher

Address _____ City _____ Zip _____

Home phone # _____ Cell# _____

Parent(s) with whom the student lives:

Name(s) _____ Phone# _____

Address _____ City _____ Zip _____

Dad's work # _____ Mom's work # _____

Cell# _____ Cell# _____

Parent elsewhere: Please fill in this information **ONLY** if we may contact the parent.

Name _____ Phone# _____

Address _____ City _____ Zip _____

Home # _____ Work phone# _____

Please let us know of any special *custodial* arrangements and attach a copy of applicable court orders to this form. Please let us know of any unusual *medical* information such as food or insect bite allergies, medication, seizures, etc.

Comments: _____

Emergency information:

Person other than parent to be contacted in an emergency when parent is not available.

NAME & RELATIONSHIP _____

PHONE# _____

NAME & RELATIONSHIP _____

PHONE# _____

Additional instructions _____

Health care facility preferred _____

Insurance Company _____ Policy _____

Who should be called first? _____ If you do NOT wish to be called at work, please leave the space blank

Medication Permission

DATE OF LAST TETANUS SHOT _____

Please list any known allergies, disabilities, or illnesses to note:

In order to assist parents/guardians in promoting and maintaining the health of students, River Of Life authorizes administration of prescribed and non-prescribed oral medication to students by the designated school employees, pursuant to a written request of the student's parent/guardian.

In case of an emergency, I authorize River Of Life to obtain emergency medical treatment for my children.

Signature: _____

Field Trips & Liability

My child has permission to attend ALL field trips sponsored by River Of Life. I will not hold ROL liable in the case of an emergency while on school grounds or a school sponsored field trip. ROL will inform families of field trip information and details as they arise.

Signature: _____

Internet/Picture Release

We desire to celebrate your child and his accomplishments and give glory to God. We also wish to share your child's stories with others who wish to lift them up in prayer.

We request your consent to post your child's pictures and personally identifiable information (grade and first name only) on the www.riveroflifeschool.org, www.facebook.com/riveroflifeschool and other related websites, publications, newsletters, email lists, and other forms of reasonable media.

We realize there are potential dangers associated with the posting of personally identifiable information on a web site since global access to the Internet does not allow us to control who may access such information. The law requires that we ask for your permission to use information about your child. We trust that God will protect our children.

We also desire that your child is able to use the Internet for school activities. ROL has safeguards in place to protect our students from digital dangers, but despite the safeguards, we realize that the internet still poses a threat. We trust the Lord to protect our children.

Please sign the following if you agree with these statements.

Name of Parent: _____

Name of Child(ren): _____

Signature: _____ Date: _____

Tuition Scale

“A Christ centered education anyone can afford.”

At River of Life, we really mean that. Our goal is to have every family make a reasonable sacrifice. We believe that God will honor that and provide the rest through the Body of Christ.

- We ask every family to pay 6% of their annual income (net income) for one year of school.
- The yearly tuition amount includes ALL children in the family.
- The minimum tuition is \$600 for one year – Approximately \$66/month.
- Tuition can be paid monthly, quarterly, or all at once. Monthly tuition is paid over 9 months from September through May.
- A family’s tuition will not exceed the cost of education per child times the number of children enrolled.
- An aspect of our family/school partnership is being responsible regarding tuition which is confidentially arranged based on income and a meeting with school administration. ALL TUITION PAYMENTS ARE DUE ON THE 1st OF THE MONTH, and this will impact on your child’s ability to continue attending ROL. If payment is not received by the 15th of the month, a \$50 LATE FEE will be assessed. If anyone’s tuition bill, during a school year, exceeds 60 days past due or being late on payments three (3) or more times may result in loss of participation in special activities or dismissal. Payments may be made by check, money order, cash, PayPal, CashApp, or Square.
You may also pay online via our school website: www.riveroflifeschool.org. Be sure to indicate that the payment is for tuition.
- Also make sure that you receive a receipt and keep it until you are certain it has been posted to your account.
- Under no circumstances shall any parent receive free tuition. See office for details on baseline tuition.
- An application fee of \$20.00 plus the first month’s tuition will be due by August 31st, prior to the first day of school.
- **Failure to pay tuition in full by the end of the school year will result in an inability to enroll for the next school year, and/or a hold on student record release.**

Annual Income	Tuition per Year	Tuition per Month
\$10,000	\$600	\$66
\$15,000	\$900	\$100
\$20,000	\$1200	\$133
\$25,000	\$1500	\$166
\$30,000	\$1800	\$200
\$35,000	\$2100	\$233
\$40,000	\$2400	\$266

At River of Life, the actual cost of education is about \$8,000 per student per year. Due to generous donors, partner churches and foundations we are able to provide income-based tuition. We believe that in the body of Christ, we all



River of Life Tuition Commitment 2025-2026

Please fill in all the following information and return to the River of Life main office.

671 McAllister St.

Benton Harbor, MI 49022

Please fill out all the information as accurately as possible. Include the income of ALL adults living in the home. PROOF OF 3 MONTHS OF PAID INCOME MUST BE PROVIDED.

Monthly Work Income	\$
Monthly SSI/Disability	\$
Child Support	\$
State/Local Housing Subsidy	\$
Other	\$
TOTAL Monthly Income	\$
TOTAL Yearly Income	\$

ROL families pay 6% of their yearly income. Minimum monthly tuition payment is \$66.00.

I agree to pay River of Life \$_____ a month for 9 months.

The first payment will be made prior to August 31st, and the last payment will be made by May 31st. Payments are to be made on the 1st of every month.

Signature: _____ Date: _____



Volunteer Agreement for Parents

Giving back to God and others is a fundamental principle at River of Life. Each year we encourage parents to serve at least 10 hours at River of Life. There are numerous ways to get involved and if you have another way you would like to serve, please talk to our staff.

Print Name: _____

Phone: _____

Email: _____

Please check all areas you would be willing to serve in:

____ Cleaning ROL (After 3:15pm)

____ Helping with fundraisers

____ Helping organize events

____ Monitoring kids at noon recess and lunch

____ Helping with office tasks

____ Reading with students

____ Helping with Math

How often are you available to help: (Circle one) Weekly Monthly What days are you available to help? (Circle all that apply) M T W Th F What times are you available to help?

Signature: _____

Emergency Text Alerts:

River of Life sends out text alerts in case of emergencies, cancellations, or general information such as field trip delays and ROLFA meetings. **We require every student to have at least one parent/guardian on file with our emergency alert system.**

- ☐ Yes, I would like to receive emergency text alerts from River of Life Christian School. (Please enter the phone number(s) that you would like to receive the alerts and a valid email below. Phone numbers cannot be entered without an active email on file.)
