

New River Academy
The Academy Of Huge Experiences

Rt. 2 Box 245

Fayetteville, WV 25840

304-574-0403

Huge Experiences, Inc. is a 501 (C) (3) non-profit corporation

Application: PHASE I

New River Academy

Box 254
2008-2009 Student Application
WV 25840

Rt. 2

Fayetteville,

Student Information:

Name _____

Permanent Address _____

City _____ State ____ Zip _____ Country _____

Social Security # _____

Phone Number (____) _____ Fax (____) _____

E-mail address _____ Date of Birth: _____

Height: _____ Weight: _____ Gender: M F

Check all semesters that you are applying for:

Fall Semester '08 _____ Spring Semester '08 _____

Summer Semester I _____ Summer Semester II _____

Parent/Guardian Information:

Mother _____

Address _____

City _____ State ____ Zip _____

Leave blank if same as student

E-Mail _____ Home Phone:(____) _____

Occupation _____ Work Phone:(____) _____

Employer _____

Father: _____

Address _____

City _____ State ____ Zip _____

Leave blank if same as student

E-Mail: _____ Home Phone:(_____)_____

Occupation _____ Work Phone:(_____)_____

Employer _____

New River Academy
Box 245
Parent / Guardian Statement
WV 25840

Rt. 2
Fayetteville,

Please share with us your thoughts regarding your child; your candid response will help us learn more. Please use the back or separate paper if necessary.

1. Summarize your vision of your child's overall education goals:

2. Please describe your child's personal strengths and weaknesses:

3. Please describe your child's academic strengths and weaknesses:

4. Please describe your child's athletic strengths and weaknesses:

5. Is there anything else you would like us to know about your child?

6. Summarize your expectations for New River Academy:

7. Describe how your child learns best.

Signature

Printed Name

Signature

Printed Name

Date _____

New River Academy

Box 245

Athletic and Character Reference Information

WV 25840

Rt. 2

Fayetteville,

Athletic Reference Information:

Please provide contact information for three references (coaches, paddling partners, clubs) that know and can describe your skill level.

Name _____

Address _____

City _____ State _____ Zip _____

E-Mail _____ Phone:(_____) _____

How long have you known this person? _____

In what capacity? _____

Website: _____

Name _____

Address _____

City _____ State _____ Zip _____

E-Mail _____ Phone:(_____) _____

How long have you known this person? _____

In what capacity? _____

Website: _____

Name _____

Address _____

City _____ State _____ Zip _____

E-Mail _____ Phone:(_____) _____

How long have you known this person? _____

In what capacity? _____

Website: _____

Character Reference Information:

Please provide contact information for the following references that know and can describe your skill level.

High School English Teacher

Name _____

Address _____

City _____ State _____ Zip _____

E-Mail _____ Phone:(_____) _____

How long have you known this person? _____

In what capacity? _____

High School Guidance Counselor

Name _____

Address _____

City _____ State _____ Zip _____

E-Mail _____ Phone:(_____) _____

How long have you known this person? _____

In what capacity? _____

High School Administrator

Name _____

Address _____

City _____ State _____ Zip _____

E-Mail _____ Phone:(_____) _____

How long have you known this person? _____

In what capacity? _____

New River Academy

Box 245
School Record Release
WV 25840

Rt. 2

Fayetteville,

Name of applicant: _____

Grade: _____ DOB: _____ Social Security #: _____

High School: _____

Counselor: _____ Principal: _____

Phone #: _____ Fax #: _____

Address: _____

To whom it may concern:

This student is seeking admission to New River Academy. Official transcripts should include all marks carried in the past three years, a description of the marking system (e.g. A=90-100), and all standardized test scores for achievement, ability, and intelligence. The transcripts must be mailed or faxed to New River Academy. The Committee on Admissions cannot act until this information has been received.

International transcripts must be certified by a U.S. Consul and translated into English if necessary.

Please mail or fax transcripts to:
Academic Coordinator

Fax #: 304-574-0403

New River Academy
Rt. 2 Box 245
Fayetteville, WV 25840

Ph #: 304-640-1001

Parental Release:

I/we hereby declare that I/we are the parent(s) of _____.

I/we authorize the release of my/our child's academic records and psychological testing scores as requested by New River Academy. I/we release every person and institution from and all liability resulting from or pertaining to the furnishing of records, documents, and other information provided to New River Academy for that purpose. If and when acceptance has been offered, I/we authorize release of the full record when transfer to New River Academy occurs.

Signature of Mother/Legal Female Guardian

Date

Signature of Father/Legal Male Guardian

Date

New River Academy

Box 245
Academic Background
WV 25840

Rt. 2

Fayetteville,

Academic Information:

Current School _____ Grade _____

School Address: _____

City _____ State _____ Zip _____

Registrar Contact _____

Phone Number (_____) _____ Fax Number (_____) _____

Previous School Attended _____ Dates: _____

Course Information:

Courses Currently Enrolled In:

Courses Needed for High School Graduation:

Electives you wish to enroll in:

New River Academy(NRA) admits students of any race, color, nationality, and ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to all students at NRA and the school does not discriminate on the basis of race in the administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

Please mail all admissions application information to:

Questions? Call 304.574.0403 or email [HYPERLINK "mailto:gohugeatnra@yahoo.com"](mailto:gohugeatnra@yahoo.com)
gohugeatnra@yahoo.com

PAGE

PAGE 1

“...and that has made all the difference”
www.kayakschool.org

New River Academy
Academic Coordinator
Rt. 2 Box 245
Fayetteville, WV 25840