



Ricks Institute

Application for admission

P.O. Box 114, Virginia, Liberia, www.ricksonline.org
Mobile: + (231) 771- RICKS OR + (231) 6419860

PHOTO

Please send US\$20.00 application and testing fee and completed form to :

Ricks Institute
P.O.Box 114
Virginia, Liberia
www.ricksonline.org
mobile: + (231) 771 – RICKS
or + (231) 6419860

For Admission Office Use Only

Application received for student: _____

Date: _____

Fee received: _____

An applicant's file must be complete in order to be considered by the admission committee. In order to be complete, the following items must be returned.

- * Completed application
- * Completed student questionnaire (grade 5 – 12)
- * Application fee
- * Transcript
- * Teacher recommendation form
- * Photograph of applicant

Non-discriminatory policy

Ricks Institute admits students of any race, color, gender, national, or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate in the administration of its educational or admission policies, scholarship, loan, athletic, or any other school administered programs.

Confidential

Please print

Applicant

Name _____
last first middle preferred

Home address _____
Street address or P.O.Box

_____ *City(Town) County*

Phone () _____

Gender _____ Birthday _____

County _____

Applying for grade _____ School year _____ Present grade _____

School

Name of present school _____

Address _____

Phone () _____ Dates of attendance _____

Former schools (list in order beginning with most recent);

School	Address	Dates Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parents

Name of mother _____

last first middle maiden preferred

Title Mrs. Ms. Dr. Rev. Other _____

Home address _____
street address or P.O.box, city(town) county

Home phone () _____ Cell phone () _____

Email _____

Occupation _____

Office address _____

Office phone () _____ Email _____

Name of father _____

last first middle preferred suffix

Title : Mr. Dr. Rev. Other _____

Home address _____
street address or P.O.box, city(town) county

Home phone () _____ Cell phone () _____

Home email _____

Occupation _____

Office address _____

Office phone () _____ Email _____

Please describe your child as objectively as you can.

Why do you wish for your child to attend Ricks?

Is it your intention to have your child graduate from Ricks Institute?

Have you ever assisted your child in obtaining grades in any formal or informal ways? Explain:

How does your child react to failure:
