



River Valley STEAM Academy
84 Trojan Lane Saltsburg, PA 15681
Phone: (724) 343-3230 Fax: (724) 639-0071

APPLICATION FOR ENROLLMENT (2024-2025)

Last Name _____ First _____ MI _____

Birthdate _____ Gender _____ Expected Graduation Date _____ Current Grade _____

Sending School District _____ Does student have an IEP? _____ YES _____ NO

Ethnicity: _____ 1.American Indian/Alaskan 3.Black/African American 4.Hispanic 5.White 9.Asian 10.Native Hawaiian

Parent/Guardian Contact 1

 First Name, MI, Last Name

 Address

 City, State, Zip Code

 Phone Number

 Email Address

Parent/Guardian Contact 2

 First Name, MI, Last Name

 Address

 City, State, Zip Code

 Phone Number

 Email Address

***Please indicate numerically your first, second and third choice.**

If you are interested in only one program, then mark only one. Priority is given to the following grade order 10, 11, 12.

_____ 01 Cybersecurity	_____ 02 Esports	_____ 03 Sports Medicine and Rehabilitative Therapy (SMaRT)
_____ 04 Rising Educators	_____ 05 Electrical Occupations/ Powerline	_____ 06 Pathways to Health Professions
_____ 07 Welding Technology	_____ 08 Biomedical Technology	_____ 09 Automation Engineering

_____ I **have** visited the STEAM Academy _____ I have **NOT** visited the STEAM Academy

If accepted, I am committed to completing the entire STEAM Academy program or course that I am enrolled in.

Student Signature _____ **Date** _____

I give my permission to my son/daughter to attend the River Valley School District's STEAM Academy and he/she is committed to completing the school year in the program indicated above.

Parent Signature _____ **Date** _____

