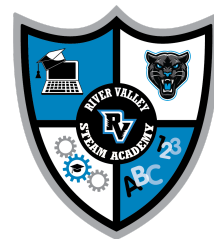




River Valley STEAM Academy
84 Trojan Lane Saltsburg, PA 15681
Phone: (724) 343-3230 Fax: (724) 639-0071



APPLICATION FOR ENROLLMENT (2026-2027)

Last Name _____ First _____ MI _____

Birthdate _____ Gender _____ Expected Graduation Date _____ Current Grade _____

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

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.

☐ Welding Technology	☐ Electrical Occupations & Powerline	☐ Cybersecurity	☐ Pathways to Health Professions
☐ Rising Educators	☐ Creative Productions: Sports Media & Marketing	☐ Sports Medicine & Rehabilitative Therapy	

_____ 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** _____