



# Ricks Institute

## Admission Form

P. O. Box 114, Virginia, Liberia, [www.ricksonline.org](http://www.ricksonline.org)  
Mobile: + (231) 770561809 OR + (231) 886621064



### Application Form

*(To be filled out by the candidate; please write/print clearly)*

Student Name: \_\_\_\_\_  
(First Name) (Middle Name) (Last Name)

Date of Birth: \_\_\_\_\_  
Month Date Year

Place of Birth: \_\_\_\_\_  
County Country/State City/Town

Applying for what Grade Level? \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Call Phone (s): + (231) \_\_\_\_\_ + (231) \_\_\_\_\_

Email: \_\_\_\_\_

Present School Name: \_\_\_\_\_

Present School Address: \_\_\_\_\_  
County City/State Call Phone

Name of your Principal: \_\_\_\_\_  
(First Name) (Middle Name) (Last Name)

Why do you want to attend Ricks and what do you hope to accomplish here?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What kind of activities would you participate in at Ricks? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In what academic area (s) would you like to improve? \_\_\_\_\_

\_\_\_\_\_

In what academic area (s) do you excel? \_\_\_\_\_

\_\_\_\_\_

Where do you see yourself having the most impact at Ricks and why? \_\_\_\_\_

\_\_\_\_\_

Sports participation and experience (if applicable, indicate team position or event, team level and experience, awards): \_\_\_\_\_

\_\_\_\_\_

What are your extra-curricular activities, hobbies and special interests?

\_\_\_\_\_

\_\_\_\_\_

What unique experiences or qualities would you bring to the Ricks community? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What other extra activities are you involved with? \_\_\_\_\_

\_\_\_\_\_

Other children in family attending Ricks:

Name \_\_\_\_\_ Grade \_\_\_\_\_ Sex \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ Sex \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ Sex \_\_\_\_\_

Have any family members attended Ricks? If yes, please give their names, relationship and years of attendance.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Year of Attendance \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Year of Attendance \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Year of Attendance \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Year of Attendance \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Year of Attendance \_\_\_\_\_

How did you learn about Ricks? \_\_\_\_\_

\_\_\_\_\_

**To Be Filled Out By The Candidate's Parents**

Father's Name \_\_\_\_\_  
(First Name) (Middle Name) (Last Name)

Home Address: \_\_\_\_\_

Call Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

What do you believe your son or daughter will contribute to this community?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What would you like to see your child participate in at Ricks? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are your expectation of Ricks? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are your child's personal strengths?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are your child's personal weaknesses?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are your child's academic strengths? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are your child's academic weaknesses? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has the candidate ever had any psychological or educational testing and evaluation? If yes, please describe. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is there anything else that is important for us to know about your child to help us best meet his or her needs?

\_\_\_\_\_

\_\_\_\_\_

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Has the child ever been dismissed or withdrawn from school for any illness, misconduct,  
academic failure or the use of drugs? YES  NO  yes, please explain \_\_\_\_\_

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**For Parents Of Boarding Students Only**

Why are you considering boarding school for your child/children? \_\_\_\_\_

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How do you think your child will adapt to the challenges of living away from home? \_\_\_\_\_

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