



# New Student Admission Application



STUDENT'S Name: \_\_\_\_\_ School Year: \_\_\_\_\_

Registering for grade: \_\_\_\_\_ Current or last school attended: \_\_\_\_\_

Is student eligible to re-enroll in last school attended? ☐ YES ☐ NO

Below is a checklist to assist parents with the process of enrolling their child in Riverside Christian Academy. In addition to meeting the established admission requirements, these items are REQUIRED to be completed in order for a student to be accepted and enrolled at Riverside Christian Academy. Please contact the RCA office at (931) 438-4722 if you have any questions regarding the application process.

- ☐ Completed Admission Application
- ☐ Submitted at least \$150 of the non-refundable \$300 registration fee
- ☐ Signed Request for Confidential Records
- ☐ Signed Student Background Survey (6th thru 12th)

P.O. Box 617 / 116 Riverside Lane  
Fayetteville, Tennessee 37334  
(931) 438-4722 / (931) 438-4727 (fax)  
[www.rcaknights.org](http://www.rcaknights.org)

## **Applicant Requirements**

All applicants will be given a standardized achievement test. Students must score at the 50th percentile or above in reading and math to be eligible for admission

*Each applicant to Riverside Christian Academy must also meet the following admission criteria:*

- ◇ Have had satisfactory attendance for the previous school year
- ◇ Be eligible for re-enrollment in the school last attended
- ◇ Have not been suspended or expelled from any previous school
- ◇ Be free of severe learning or behavioral problems

*The administration may make any exceptions to the above stated requirements after a prayerful and thorough review of any mitigating circumstances.*

## **Academic / Medical History**

Does your child have an Individualized Education Plan (I.E.P.) from a previous school? ☐ Yes ☐ No

Has the applicant been tested for any of the following (please check)?

- ☐ Speech / Language
- ☐ Attention Deficit Disorder
- ☐ Attention Deficit Hyperactivity Disorder
- ☐ Learning Disabilities
- ☐ Emotional Issues (which affect learning)
- ☐ Other
- ☐ \_\_\_\_\_

If documentation of testing is not included in records received from current or previous school, please be prepared to provide copies of scores and recommendations from the evaluator(s) to RCA. This will help us to process your admission application in a timely manner.

*Thank You.*

## **Notice of Non-Discriminatory Policy**

Riverside Christian Academy is a coeducational school and admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. The school does not discriminate on the basis of race, color, or national and ethnic origin in administration of their educational policies or athletic and other school administered programs. The school does not discriminate on the basis of sex in its educational program or activities or employment except where necessitated by specific religious tenets held by the institution and its controlling body.

Records from previous schools, admission testing or screening, an interview with a parent of a prospective student and other pertinent data will be used to determine whether the applicant appears able to successfully complete the programs of the school.

*All admission decisions are made after prayerfully considering the best interest of the applicant and the RCA student body as a whole. RCA seeks to foster and preserve a positive, Christian atmosphere for all students. Generally, applicants cannot begin classes until all previous academic records have been collected and a thorough evaluation of those records is conducted. In some unusual circumstances, however, provisional admission may be granted until all records are received by the RCA admissions department. If provisional admission is granted, parents agree to abide by the final admission decision without question.*

*I understand and accept all the above conditions on both sides of this application.*

\_\_\_\_\_  
Signed (Parent or Guardian)

\_\_\_\_\_  
Date



# Student Registration Form

## 2018 - 19 School Year

Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_ ☐ Male ☐ Female

Student email (6th - 12th) \_\_\_\_\_ Student Cell Phone (6th - 12th) \_\_\_\_\_

Religious Affiliation (optional): \_\_\_\_\_ Congregation: \_\_\_\_\_

Father's Name: \_\_\_\_\_ \* Required email address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ \* Required email address: \_\_\_\_\_  
(If different)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

Billing Information (If different): \_\_\_\_\_ \* Required email address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

**\* All account/billing statements will be sent via e-mail unless home e-mail is unavailable**

**ADDITIONAL FAMILY DATA:** *If there is a separation or divorce in the family  
or if the student resides with a legal guardian, please complete this section*

Name of Legal Guardian: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

If separated or divorced, with which parent does the child reside? \_\_\_\_\_

If divorced, please indicate the type of custody ordered by the court:  
(Please attach a copy of the court's decision regarding custody.) ☐ Joint ☐ Sole

To whom should notices of school activities be sent? \_\_\_\_\_

To whom should statements be sent? \_\_\_\_\_

**Pick-up Authorization:**

The following individuals are authorized to pick my child up from school:

R.A.C.E. personnel (if applicable) \_\_\_\_\_

For safety reasons, identification may be required before a child is released. Parents notify the office when someone other than individuals listed above are to pick up their child.

**Emergency Contact Numbers:**

Child's Physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

In the case of emergency, the following individuals should be contacted if the student's parent is not able to be contacted:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

*Please **circle** your choice of tuition payment options:*

	<i>July 1</i>	<i>July 1 &amp; Dec. 1</i>	<i>Aug. 1 - May 1</i>	<i>June 1 - May 1</i>
<u>TUITION:</u>	<u>Annual</u>	<u>Semi-Annual</u>	<u>10 Month</u>	<u>12 Month</u>
Pre-school & Jr. K (1/2 day)	\$2,600	\$1,300	\$265	\$222.08
Pre-school & Jr. K (full day)	\$3,800	\$1,900	\$385	\$322.08
Kindergarten - 5th Grade	\$4,200	\$2,100	\$430	\$359.58
Middle School (6 <sup>th</sup> - 8 <sup>th</sup> Grades)	\$4,750	\$2,375	\$485	\$405.42
High School (9 <sup>th</sup> - 12 <sup>th</sup> Grades)	\$5,100	\$2,550	\$520	\$434.58

*Multi-child discounts will be calculated into payment plans.*

**REGISTRATION FEES:**

Pre-school and Jr. Kindergarten	\$130
Kindergarten - 12th Grade	\$300



☐ I agree to adhere to policies of Riverside Christian Academy. By signing this agreement, I accept financial responsibility for tuition payment.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Signed (Parent or Guardian) Date*

# Health Information for:

Student Name \_\_\_\_\_

1. Is student under medical treatment at this time? Yes \_\_\_ No \_\_\_ If yes, please describe including a list of all medications given at home:

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2. Has student had any serious injuries, illnesses, accidents or been hospitalized recently? Yes \_\_\_ No \_\_\_ If yes, please describe:

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3. Is student required to have daily medications or medical treatments during school hours? This includes asthma inhalers, breathing treatments, injections, topical creams, and oral medications. These require a medication consent form (located on RenWeb). Please list all medications and treatments below:

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4. Is Child Allergic to any of the following:

Foods _____	Reaction _____	Treatment _____
Medications _____	Reaction _____	Treatment _____
Insects _____	Reaction _____	Treatment _____
Chemicals _____	Reaction _____	Treatment _____
Seasonal Allergies _____	Reaction _____	Treatment _____

If medication is needed for any of the above, please complete a medication consent form found on RenWeb.

5. Health Problems: Please mark all that apply and describe the health problem(s) along with any medication or treatment needed.

<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> HEARING IMPAIRMENT
<input type="checkbox"/> ASTHMA/BREATHING PROBLEMS	<input type="checkbox"/> HEMOPHILIA/BLEEDING DISORDER
<input type="checkbox"/> BOWEL/INTESTINAL PROBLEMS	<input type="checkbox"/> HYPERTENSION/HIGH BLOOD PRESSURE
<input type="checkbox"/> CARDIAC/HEART PROBLEMS	<input type="checkbox"/> NEUROLOGICAL/BIRTH DEFECT
<input type="checkbox"/> CANCER/LEUKEMIA	<input type="checkbox"/> PHYSICAL IMPAIRMENT
<input type="checkbox"/> DENTAL PROBLEMS	<input type="checkbox"/> SKIN DISORDERS
<input type="checkbox"/> DIABETES/HYPOGLYCEMIA	<input type="checkbox"/> STOMACH PROBLEMS/ULCERS
<input type="checkbox"/> EPILEPSY/SEIZURES/CONVULSIONS	<input type="checkbox"/> URINARY/KIDNEY/BLADDER PROBLEMS
<input type="checkbox"/> HEADACHES-frequent requiring medication	<input type="checkbox"/> VISION PROBLEMS
<input type="checkbox"/> HEADACHES-migraine	<input type="checkbox"/> OTHER PROBLEMS
<input type="checkbox"/> HEADACHES-sinus	

Explanation of health problems marked above: \_\_\_\_\_

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Does student have any limitations that prevent him/her from participating in physical education or school sponsored activities?

If so, please describe and send a physician's statement regarding limitations: \_\_\_\_\_

I give consent for my child to receive first aid at school for minor injuries, insect bites or small accidents that occur. At times, hydrogen peroxide, antibiotic ointment and anti-itch creams may be used if necessary.

\_\_\_\_\_  
Parents signature

\_\_\_\_\_  
Date



## *Request for: Confidential Records*

### TO PARENT OF APPLICANT:

Please complete the authorization below and return this form to the RCA office with the completed application.

### **AUTHORIZATION OF RELEASE FOR EDUCATIONAL RECORDS**

STUDENT'S NAME	GRADE APPLYING	SCHOOL YEAR	
CURRENT / PREVIOUS SCHOOL	PHONE #	FAX #	
STREET ADDRESS	CITY	STATE	ZIP

In accordance with the federal regulations regarding the privacy rights of parents and students under the Family Educational and Privacy Act of 1974, the undersigned hereby consents to release to Riverside Christian Academy (RCA) all educational records (including statement of disciplinary action or disciplinary records) and other information as may be requested about the above-named individual. This includes any special services or special education reports in addition to other written or verbal information.

DATE	PARENT / GUARDIAN SIGNATURE
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### TO PRINCIPAL OR RECORDS/GUIDANCE DEPARTMENT:

The above named student has applied for admission to RCA. In order to complete this process, we request that the following items be sent to the address below as soon as possible:

- ♦ Transcript and latest grades (including copies of report cards)
- ♦ Standardized test scores
- ♦ Any specialized testing results or placement in special programs
- ♦ All special education records or reports
- ♦ All disciplinary records or official statement of disciplinary action
- ♦ Personal Information including birth certificate & social security card
- ♦ Certificate of immunization and health records
- ♦ Any court documents

116 Riverside Lane / Fayetteville, TN 37334 / 931-438-4722 / Fax 931-438-4727 / [www.rcaknights.org](http://www.rcaknights.org)



# Student Background Survey

(required for students entering 6<sup>th</sup> thru 12<sup>th</sup> grades)

STUDENT'S Name: \_\_\_\_\_ Applying for Grade: \_\_\_\_\_

As a part of the enrollment process at Riverside Christian Academy, students entering 6<sup>th</sup> thru 12<sup>th</sup> grades must have this form completed **by the school from which they are transferring**. The parent/guardian signature below authorizes the release of this information to RCA.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

***SCHOOL OFFICIALS: PLEASE COMPLETE THE SECTION BELOW AND RETURN IN THE ATTACHED ENVELOPE.***

Please explain any "yes" answers on the back of this page or in comments section below.

- | Yes                      | No                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Has this applicant ever been suspended or expelled from school or assigned to an alternative program?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Has this applicant ever been in violation of school attendance policies?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Has this applicant ever been required to spend time in "In School Suspension" (I.S.S.)?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Has this applicant ever been declared ineligible to re-enroll in the school from which he/she is transferring?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Has this applicant ever been charged with the possession or use of illegal drugs or controlled substances?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Has this applicant ever been involved in gang, satanic, or cult-related activities?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Has this applicant ever been involved in inappropriate sexual activities?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Has this applicant ever been accused of or involved in the illegal possession of a dangerous weapon?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Has this applicant ever been arrested or convicted by any civil authorities, including juvenile courts?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Has this applicant ever had his/her driver's license suspended or revoked or been charged with Driving While Intoxicated, Driving Under the Influence or Minor in Possession? |

Please provide any additional comments regarding this applicant. \_\_\_\_\_

The above answers are true and correct to the best of my knowledge: \_\_\_\_\_

\_\_\_\_\_  
Signature of Principal/Administrator (or designee)

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

Phone: (\_\_\_\_\_) \_\_\_\_\_

Please direct all correspondence to:  
**RIVERSIDE CHRISTIAN ACADEMY**  
P.O. Box 617 / 116 Riverside Lane  
Fayetteville, Tennessee 37334