



# Student Information Form

STUDENT'S Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  Male  Female

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

Returning Student  New Student If new, last school attended: \_\_\_\_\_

Registering for grade: \_\_\_\_\_ Is student eligible to re-enroll in last school attended?  YES  NO

\* Required

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

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

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

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

\* Required

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

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

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

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

Billing Information *(If different):* \* Required

Name: \_\_\_\_\_ 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:  Joint  Sole  
*(Please attach a copy of the court's decision regarding custody.)*

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

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

*(additional information required on back of form)*

**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 should provide written permission 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: (\_\_\_\_) \_\_\_\_\_

I have read and understand the RCA Handbook and accept the terms therein including the following:

**Check where applicable:**

Student signature required  
(6th - 12th grader only)

6th - 12h School Discipline Policy ~

Elementary Discipline Policy

\_\_\_\_\_  
*Name* *Grade*

Uniform / Dress Code Policy

Academic Policies

Attendance Policies

Cell Phone Policy

I have paid all applicable registration fees and understand the Tuition and Fees Policy included in the handbook.

To the best of my knowledge, I believe that all of the information on this application is correct. I understand that it is my responsibility to contact the RCA office if any of this information changes.

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

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

\_\_\_\_\_  
Date

AUTHORIZATION FOR DIRECT DRAFT (ACH DEBITS)

I hereby authorize Riverside Christian Academy to initiate debits on my bank account listed below for the purpose of collecting payments due. I understand that in any month I anticipate cash flow problems, I must contact the accounts manager at least **3 days** prior to my draft date to make other arrangements. **Further, I understand that for any month my payment is returned for insufficient funds, the fee that will be re-drafted will include a \$15 processing charge for that re-drafted payment only.**

School Year: 2010 – 2011

Financial Institution	Type of Account	Day of Month
_____	___Chk ___Sav	___1 <sup>st</sup> ___15 <sup>th</sup>

This authority is to remain in full force until Riverside Christian Academy has received written notification from me of its termination in such timely manner as to afford Riverside Christian Academy and the Financial Institution a reasonable opportunity to act on it.

Name \_\_\_\_\_ Address \_\_\_\_\_  
(As shown on account)

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Please include a voided check with this authorization.*

**OR**

*Initial if you wish to continue using account already on file.* \_\_\_\_\_