



# Student Information Form

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

Student email (6th - 12th) \_\_\_\_\_ To be used for RenWeb & communications purposes

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

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

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): Name: _____	* 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**

<b>ADDITIONAL FAMILY DATA:</b> <i>If there is a separation or divorce in the family or if the student resides with a legal guardian, please complete this section</i>	
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: <i>(Please attach a copy of the court's decision regarding custody.)</i>	<input type="checkbox"/> Joint <input type="checkbox"/> Sole
To whom should notices of school activities be sent? _____	
To whom should statements be sent? _____	

(additional information required on back of form)

# Medical Information

Name and explain any health condition(s), past or present, which need to be brought to the school's attention to safeguard your child at school (i.e. diabetes, seizures, asthma, emotional disorders, etc...) or which would restrict physical activity levels:

\_\_\_\_\_

\_\_\_\_\_

Is this student taking any prescription medications on a regular basis?    No    Yes   Specify \_\_\_\_\_

\_\_\_\_\_

**Prescription medication policy:** *RCA will not administer prescription medication to students without specific written permission from a parent. In all cases, prescriptions must be properly labeled with the child's name, prescribing physician's name, dosage, and schedule.*

I, \_\_\_\_\_, the parent or legal guardian of \_\_\_\_\_, a student at Riverside Christian Academy (RCA), do \_\_\_\_ / do not \_\_\_\_ grant RCA permission to administer to my child over-the-counter medications, such as fever reducer/pain reliever (Tylenol, Motrin or equivalent), antacid (Mylanta, Pepto Bismol, or equivalent), cough suppressant (Robitussin or equivalent), and other similar medications, in the approved dosages as indicated on the product, as determined appropriate and necessary by the designated RCA staff member. In the event of a medical emergency, I grant RCA permission to seek emergency medical care for my child and to make medical decisions on his or her behalf if I am unable to be reached in a timely manner.

My child is allergic to the following medications: \_\_\_\_\_ None \_\_\_\_

### **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: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

√ I have read and understand the RCA Handbook and the R.A.C.E. after-school policy and accept the terms therein.

√ I understand the RCA discipline policy, including the corporal punishment policy, and accept the terms thereof.

√ I have paid all applicable registration fees.

To the best of my knowledge, I believe that all of the above information 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