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 $175 of the non-refundable $350 registration fee
- ☐ Signed Request for Confidential Records
- ☐ Signed Student Background Survey (6th thru 12th)
- ☐ I was referred to RCA by _____

Referring family name

P.O. Box 617 / 116 Riverside Lane
Fayetteville, Tennessee 37334
(931) 438-4722 / (931) 438-4727 (fax)
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
2020 - 21 School Year

RIVERSIDE CHRISTIAN ACADEMY

(1) Student Name: _____ Birth Date: ____/____/____ Grade: _____ ☐ Male ☐ Female
First / Middle / Last *Month / Date / Year* *2020-21*

Student email (if applicable) _____ Student Cell Phone (if applicable) _____

(2) Student Name: _____ Birth Date: ____/____/____ Grade: _____ ☐ Male ☐ Female
First / Middle / Last *Month / Date / Year* *2020-21*

Student email (if applicable) _____ Student Cell Phone (if applicable) _____

(3) Student Name: _____ Birth Date: ____/____/____ Grade: _____ ☐ Male ☐ Female
First / Middle / Last *Month / Date / Year* *2020-21*

Student email (if applicable) _____ Student Cell Phone (if applicable) _____

(4) Student Name: _____ Birth Date: ____/____/____ Grade: _____ ☐ Male ☐ Female
First / Middle / Last *Month / Date / Year* *2020-21*

Student email (if applicable) _____ Student Cell Phone (if applicable) _____

Father's Name: _____ email address: _____

Address: _____ City: _____ State: _____ ZIP: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Place of Employment: _____ Occupation: _____

Mother's Name: _____ email address: _____

Address: _____ City: _____ State: _____ ZIP: _____
(If different)

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Place of Employment: _____ Occupation: _____

Family Religious Affiliation: _____ Congregation: _____
(Optional)

Billing Information ***(If different from above)***:

Name: _____ email address: _____

Address: _____ City: _____ State: _____ ZIP: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

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

ADDITIONAL FAMILY DATA: *If there is a separation or divorce in the family*
<u>or</u> 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? _____

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 must 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: _____

Health Information:

☐ Student health records are on file in the RCA office for each student. I accept the responsibility to update my child's health information including any new diagnosis, or changes in allergies or chronic illnesses.

TUITION:	*July 1* Annual	*July 1 & Dec. 1* Semi-Annual	*Aug. 1 - May 1* 10 Month	*June 1 - May 1* 12 Month
Pre-school & Jr. K (1/2 day)	$2,800	$1,400	$285	$238.75
Pre-school & Jr. K (full day)	$4,050	$2,025	$410	$342.92
Kindergarten - 5th Grade	$4,520	$2,260	$462	$386.25
Middle School (6th – 8th Grades)	$5,080	$2,540	$518	$432.92
High School (9th – 12th Grades)	$5,500	$2,750	$560	$467.92

Multi-child discounts will be calculated into payment plans.

REGISTRATION FEES:

Fees will be posted to your Family Portal general account.

PS & Jr. K: $150 K - 12th Grade: $350

Choose one of the following options for your tuition payments. Changes may be made at any time by contacting the RCA accounting office.

☐ Annual ☐ Semi-Annual ☐ 10 Month ☐ 12 Month

☐ I have chosen a tuition plan as indicated above.

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

_____

Signed (Parent or Guardian)

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:

   _____

   _____

2. Has student had any serious injuries, illnesses, accidents or been hospitalized recently? Yes___ No___ If yes, please describe:

   _____

   _____

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:

   _____

   _____

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.

____ ADD/ADHD
____ ASTHMA/BREATHING PROBLEMS
____ BOWEL/INTESTINAL PROBLEMS
____ CARDIAC/HEART PROBLEMS
____ CANCER/LEUKEMIA
____ DENTAL PROBLEMS
____ DIABETES/HYPOGLYCEMIA
____ EPILEPSY/SEIZURES/CONVULSIONS
____ HEADACHES-frequent requiring medication
____ HEADACHES-migraine
____ HEADACHES-sinus
____ HEARING IMPAIRMENT
____ HEMOPHILIA/BLEEDING DISORDER
____ HYPERTENSION/HIGH BLOOD PRESSURE
____ NEUROLOGICAL/BIRTH DEFECT
____ PHYSICAL IMPAIRMENT
____ SKIN DISORDERS
____ STOMACH PROBLEMS/ULCERS
____URINARY/KIDNEY/BLADDER PROBLEMS
____VISION PROBLEMS
____OTHER PROBLEMS

Explanation of health problems marked above:_____

_____

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

RIVERSIDE CHRISTIAN ACADEMY

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

TO PRINCIPAL OR RECORDS/GUIDANCE DEPARMENT:

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

Student Background Survey

(required for students entering 6th thru 12th grades)

STUDENT'S Name: _____ Applying for Grade: _____

As a part of the enrollment process at Riverside Christian Academy, students entering 6th thru 12th 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	
☐	☐	1. Has this applicant ever been suspended or expelled from school or assigned to an alternative program?
☐	☐	2. Has this applicant ever been in violation of school attendance policies?
☐	☐	3. Has this applicant ever been required to spend time in "In School Suspension" (I.S.S.)?
☐	☐	4. Has this applicant ever been declared ineligible to re-enroll in the school from which he/she is transferring?
☐	☐	5. Has this applicant ever been charged with the possession or use of illegal drugs or controlled substances?
☐	☐	6. Has this applicant ever been involved in gang, satanic, or cult-related activities?
☐	☐	7. Has this applicant ever been involved in inappropriate sexual activities?
☐	☐	8. Has this applicant ever been accused of or involved in the illegal possession of a dangerous weapon?
☐	☐	9. Has this applicant ever been arrested or convicted by any civil authorities, including juvenile courts?
☐	☐	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