



Admission Application Fayetteville Campus



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 \$295 registration fee. Balance due upon acceptance.
- 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

Applicant Requirements

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

- ◇ Have adequate standardized test scores
(average or above grade level)
- ◇ 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
- ◇ Have read and agreed to comply with all policies in the RCA Handbook

The admissions committee will make any exceptions to the above stated requirements after a prayerful and thorough review of any mitigating circumstances.

Academic / Medical History

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 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

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**

ADDITIONAL FAMILY DATA: <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)

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
- Uniform / Dress Code Policy
- Academic Policies
- Attendance Policies
- Cell Phone Policy
- R.A.C.E. (after-school care) Policy

Name Grade

<u>OFFICE USE ONLY:</u>
\$_____ Registration Fee
Cash ____ or Check # _____
____ Handbook / Policies
____ Parent Signature
____ Student Signature
(where applicable)

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



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 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



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 | |
|--------------------------|--------------------------|---|
| <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
(931) 438-4722 / (931) 438-4727 (fax)

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. No drafts will be made other than the 1st or the 15th of the month. If I must delay my payment until after the 15th of the month, I understand that I will have a \$15 late payment fee added to my account. Further, I understand that for any month my payment is returned for insufficient funds, there will be a \$15 processing fee.

School Year _____

Financial Institution _____

Type of Account

Day of Month

___Chk ___Sav

___1st ___15th

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. _____