



Student Application

Name _____

Grade _____

Date _____

Student Data

Name (last, first, middle) _____ Date / /

Name student prefers _____ Social Security Number _____

Grade to enter _____ School year 20 ____ - 20 ____

Applied or attended before? _____ Grade _____ Year _____

Sex MALE FEMALE Birth date _____ * Age _____

****A Certified Birth Certificate is required for admittance. A copy of the certificate will be made and placed in the student file.***

Please list all schools that this student has previously attended, including preschool, beginning with the most recent.

Year	Grade(s)	Name of School	Complete Address

Has student been retained? _____ If yes, what grade? _____

Has student had any disciplinary difficulty in school? _____ If yes, please explain.

Are there special circumstances regarding the student's general health or other special challenges? (i.e., physical, emotional, learning, behavior, discipline, etc.?) _____ If yes, please explain.

Has the student received counseling or been tested by a psychiatrist, psychologist, educational consultant, or counselor? ** _____ If yes, please explain.

***** We request a copy of test results as part of the admission application process. Failure to disclose this information during the admission process could result in denial of admission or serve as grounds for dismissal of the student from school.***

Family Information

Father's name _____ Mother's name _____

Legal Guardian Both parents Father Mother *Other

*If **Other** is checked, give name and relationship _____

Student lives with _____

Address _____

City/State/Zip _____ County _____

Church home _____

Father's employer & phone _____

Father's cell phone _____ Pager _____

Father's email _____

Mother's employer & phone _____

Mother's cell phone _____ Pager _____

Mother's email _____

Home phone _____ Home email _____

Siblings (include name, age, and school)

Emergency Information

List any health problems your child may have – i.e. seizures, diabetes, allergies, operations, etc.

List any ongoing medication your child takes. _____

Physician's name & telephone _____

May we contact your family physician in the event of a medical emergency? _____

In case of an emergency and we cannot reach a parent or guardian, list the names and numbers of three other people whom we may contact.

1st Name _____ Phone _____

2nd Name _____ Phone _____

3rd Name _____ Phone _____

Pick-up information – The following individuals may pick up my child from school per my instructions.

Name _____ Association _____ Anytime At my request

Name _____ Association _____ Anytime At my request

Name _____ Association _____ Anytime At my request

Are there any arrangements Regional Christian School needs to be aware of regarding your child? (i.e. arrangements for pick-up, etc.?) _____

Statement to Applicant

This application does not assure final enrollment but provides information upon which a decision to accept for enrollment will be based. The nonrefundable \$100.00 enrollment fee must be paid at the time this application is made. The fee will be refunded, however, if the child is refused admission.

Tuition & Billing

In order for the school to calculate tuition properly, the following information is needed:

Number of children enrolled in Regional Christian School _____

Tuition payments will be scheduled: In advance* Monthly *If in advance, total tuition is received by August 5.

Statement of Cooperation

It is my desire to assist the school in its efforts to help my child grow spiritually, mentally, and physically. I will encourage him/her in Bible study and all other phases of the curriculum. I give permission for my child to take part in all school activities, including sports, physical education, and school-sponsored trips away from the school premises; and hereby absolve the school from any or all liability to me or to my child because of any injury to my child at school or during any school activity. I understand that Regional Christian School expects compliance with the established regulations and discipline, and I give permission to administer such discipline as the school deems wise and expedient for my child. Students who fail to comply will lose the privilege of attending Regional Christian School. I agree to keep my financial obligations with the school current, and will contact the school office if a balance remains unpaid after the due date. It is also my understanding that the policy of the school is to make no refund on enrollment fees, curriculum fees, or the August tuition.

Father's signature

Mother's signature

Date

Date

I give permission for Regional Christian School to use pictures of my child in publications including the newspaper, yearbook, and website. _____ (initial please).

- | | |
|-------------|--|
| Check list: | <input type="checkbox"/> Is the application form complete? |
| | <input type="checkbox"/> Are immunization forms up-to-date and in order? |
| | <input type="checkbox"/> Birth Certificate |
| | <input type="checkbox"/> Enrollment Fee |

FOR OFFICE USE ONLY

Date of interview with Administrator _____

Enrollment fee: Date paid _____ Check # _____ Cash _____

Curriculum fee: Date paid _____ Check # _____ Cash _____

Health forms received _____ School records requested _____ Date received _____

Birth Certificate _____

Accepted _____ Rejected _____ Waiting list _____ Grade placement _____

Signature of Administrator

Date