

# Russell Christian Academy Re-enrollment Form

Application for Grade \_\_\_\_\_  
School Year Applied 2021-22

## Student Information

Student's Legal Name \_\_\_\_\_

LAST FIRST MIDDLE NAME USED

Student's Address \_\_\_\_\_

STREET APT. NO.

CITY STATE ZIP HOME PHONE (AREA CODE)

Current Grade \_\_\_\_\_ Student's Social Security No. \_\_\_\_\_ Student Cell # \_\_\_\_\_

Date of Birth \_\_\_\_\_ ( ) Male ( ) Female Student Email \_\_\_\_\_ @ \_\_\_\_\_

Other Siblings attending RCA: \_\_\_\_\_

Family's Church Name: \_\_\_\_\_

### Please provide complete information for this section for ALL parents/guardians.

#### FATHER: Full Name of Father (include title: Mr., Dr., Rev., etc.)

TITLE FIRST MIDDLE LAST PREFERRED NAME

Home Address \_\_\_\_\_

STREET CITY STATE ZIP

Phone: Home \_\_\_\_\_ Business \_\_\_\_\_ Cell \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Email \_\_\_\_\_ @ \_\_\_\_\_

#### Mother: Full Name of Mother (include title: Mrs., Dr., Rev., etc.)

TITLE FIRST MIDDLE LAST PREFERRED NAME

Home Address \_\_\_\_\_

STREET CITY STATE ZIP

Phone: Home \_\_\_\_\_ Business \_\_\_\_\_ Cell \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Email \_\_\_\_\_ @ \_\_\_\_\_

#### Step-Parents/Guardian(s): \_\_\_ Stepfather \_\_\_ Stepmother or \_\_\_ Guardian (include title: Mr., Mrs., Dr., Rev., etc.)

TITLE FIRST MIDDLE LAST PREFERRED NAME

Home Address \_\_\_\_\_

STREET CITY STATE ZIP

Phone: Home \_\_\_\_\_ Business \_\_\_\_\_ Cell \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Email \_\_\_\_\_ @ \_\_\_\_\_

Business Address \_\_\_\_\_

STREET CITY STATE ZIP

#### Family Information

Student lives with ( ) Father ( ) Legal Guardian ( ) Mother ( ) Stepmother ( ) Stepfather

Student's parents are ( ) Married ( ) Separated ( ) Divorced

Please mark all that apply: ( ) Mother deceased ( ) Father deceased

Any legal custody situations of which the Academy should be aware: ( ) Yes ( ) No

If yes, please explain: \_\_\_\_\_

If divorced, please indicate type of custody ordered by the court: ( ) Joint ( ) Sole

Which spouse holds legal responsibility for school decisions? \_\_\_\_\_

(Copies of all court documents regarding custody and educational decisions MUST be submitted along with application.)

To whom should correspondence be sent? ( ) Both parents ( ) Father ( ) Mother

**Emergency Contacts**

List two additional contacts to be used in the event parents cannot be reached:

(1) Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

(2) Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**Pick Up Information:**

In addition to my emergency contacts, the following may pick up my child:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Medical History:**

Does your child suffer from chronic or acute illnesses such as diabetes, epilepsy, asthma, or allergies, etc.? \_\_\_\_\_ If so, please explain \_\_\_\_\_

Specific instructions for treating above: \_\_\_\_\_

Does your child have any physical problems that require reasonable accommodations? \_\_\_\_\_

Does your child take daily medication? \_\_\_\_ If so, what? \_\_\_\_\_

May we have permission to give OTC medicine? (Tylenol, Pepto Bismol, Etc.) \_\_\_\_ Yes or \_\_\_\_ No

**Emergency Medical Service Permission:**

Should an accident or illness occur during the school day or on a school-sponsored activity which in the opinion of Russell Christian Academy personnel requires immediate treatment and the school is unable to locate either parent or guardian, I authorize and empower the proper authority of Russell Christian Academy to act in our stead and obtain the required medical services for the above named child.

Family Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance Name \_\_\_\_\_ Policy No. \_\_\_\_\_ Group No. \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Corporal Punishment Agreement**

Understanding that Russell Christian Academy has a corporal punishment policy in its discipline procedures, I, \_\_\_\_\_ (parent/guardian) indicate my wishes by checking ONE of the boxes below with regard to this policy:

My child may NOT receive corporal punishment from the administration

My child may receive corporal punishment after parent notification and approval only