

Russell Christian Academy Application Form

Application for Grade _____
School Year Applied 2024-25

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: _____ Previously applied for admission to RCA? () Yes () No
Have you ever had a student enrolled at Potter's Wheel, RCA Preschool or RCA previously? () Yes () No

Family's Church Name: _____ Pastor's 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 _____ Cell _____ Work _____

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 _____ Cell _____ Work _____

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 _____ Cell _____ Work _____

Employer _____ Occupation _____ Email _____ @ _____

Business Address _____

STREET CITY STATE ZIP

Family Information

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

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

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

Which spouse holds legal responsibility for school decisions? _____

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

General Information

Previous School Information:

Name of School	Address	Phone/Fax	Dates of Attendance

Ever Retained? _____ Grade: _____ Reason: _____

Ever suspended, expelled or asked to leave any school? _____ Reason: _____

Does student have a current IEP/504/ Accommodations Plan/Diagnosis? _____ YES _____ NO

Admission to Dyslexia Therapy is based on availability relative to student need*

If your child has been Homeschooled, indicate grade(s): K 1 2 3 4 5 6 7 8 9 10 11 12

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 _____

Policy Agreement

I have received, reviewed, and agree to the entire content of the RCA Parent Student Handbook and Financial Agreement. I/We agree to fully comply and fulfill our obligations expressed within these documents.

Parent's Signature _____ Date _____