



Academic Year: 20\_\_-20\_\_

# Riverland Christian Academy

## Student Application Form

a: 19455 SW 61<sup>st</sup> Street, Dunnellon, FL 34431 p: 352.489.6177 w: riverlandbaptistchurch.com

### For Office Use Only

Date _____	Scholarship _____	Book Fee _____
Grade _____	Application Fee _____	Tuition _____
Entrance Date _____	Testing Fee _____	Total Paid _____
Teacher _____	Registration Fee _____	

**Application must be filled out in its entirety before it can be processed.**

### STUDENT INFORMATION

Legal Name of Child \_\_\_\_\_ Goes by \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_ Zip Code \_\_\_\_\_  
Street City State

Student Email \_\_\_\_\_ Student Cell \_\_\_\_\_

Home Phone \_\_\_\_\_ Father Cell \_\_\_\_\_ Mother Cell \_\_\_\_\_

Parent's Email \_\_\_\_\_ Would you prefer e-mail statements? Yes \_\_\_ No \_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_ Race \_\_\_ Grade \_\_\_\_\_ Last Grade Attended \_\_\_\_\_  
Month/Day/Year

### FAMILY INFORMATION

Father/Stepfather/Guardian Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Occupation \_\_\_\_\_

Address of Employment \_\_\_\_\_ Zip Code \_\_\_\_\_  
Street City State

Mother/Stepmother/Guardian Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Occupation \_\_\_\_\_

Address of Employment \_\_\_\_\_ Zip Code \_\_\_\_\_  
Street City State

Name and Grades of RCA Siblings: \_\_\_\_\_

Children in family, of school age, if not applying:

Name _____	Age _____
_____	_____
_____	_____
_____	_____

Reason they are not applying:

\_\_\_\_\_

If parents are divorced/separated, with whom does the child reside? \_\_\_\_\_

*(All legal documents defining custody and visitation must be on file with the RCA office.)*

**RELIGIOUS INFORMATION**

Church of Affiliation: \_\_\_\_\_

Address \_\_\_\_\_  
Street City State

Pastor: \_\_\_\_\_ Phone: \_\_\_\_\_

Has the applicant ever made a profession of faith? Yes \_\_\_ No \_\_\_

Father: Christian? Yes \_\_\_ No \_\_\_

Mother: Christian? Yes \_\_\_ No \_\_\_

**MEDICAL/ EMERGENCY INFORMATION**

Persons other than parents who are permitted to pick-up student and/or to be notified in case of illness or accident:

Name \_\_\_\_\_ Address \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Street City State

Name \_\_\_\_\_ Address \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Street City State

Preferred Doctor \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Dentist \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Hospital \_\_\_\_\_ Insurance Carrier \_\_\_\_\_  
Policy number \_\_\_\_\_

May the school call another physician if unable to contact above? Yes \_\_\_ No \_\_\_

Any Physical Disability, Medical Condition, or Allergies? Yes \_\_\_ No \_\_\_ Describe \_\_\_\_\_

Additional Information that would be helpful to the teacher/staff: \_\_\_\_\_

**SCHOLASTIC INFORMATION**

Has student ever been expelled, dismissed, suspended, or refused admission to another school? Yes \_\_\_ No \_\_\_

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

Has student ever had disciplinary difficulty at school? Yes \_\_\_ No \_\_\_

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

Has student ever used tobacco or non-prescription drugs of any kind? Yes \_\_\_ No \_\_\_

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

Does student have a juvenile or arrest record? Yes \_\_\_ No \_\_\_

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



