

Please use blue or black ink only



Office Use Only	
Date	_____
Application	_____
App. Fee	_____
Enrollment Fee	_____
Tested	_____
Interview	_____

REHOBOTH CLASSICAL CHRISTIAN ACADEMY

2997 Lawrenceville Highway, Tucker, GA 30084
(770) 939- 3182 RCCA@rehoboth.org

Application Date _____ School Year _____

Method of Payment: **Payment in Full** **10 Monthly Payments**

Grade applying for: _____

Name: _____		
(Last)	(First)	(Middle)
Name preferred (nickname, abbreviation, etc.) _____		
Address _____		City _____ State _____
Zip _____	Telephone _____	Email _____
Age _____	Sex _____	Birth Date ____/____/____
Birthplace _____		
(City)	(State)	(Country)
Last School Attended _____		Last Grade Completed _____
Address _____		City _____ State _____
Zip _____	Phone _____	

Father/Guardian _____

Address _____

Employer _____ Position _____ Business/Cell _____

Mother/Guardian _____

Address (if different from Father) _____

Employer _____ Position _____ Business/ Cell _____

Emergency Telephone Number (other than those already listed) _____

Marital Status: Married Divorced Remarried Separated Widow Widower Single

If divorced, who has legal custody? Father Mother Joint Other (Explain) _____

Copy of legal custody document must be in student file.

Children in the family of school age but not applying:

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Reason they are not applying: _____



Church Membership _____ Pastor _____
(Church Attending)

Address _____ Phone _____

Describe your participation in your church family: _____

Please check the appropriate answer:

Father, born again Christian (John 3:3-5) Yes No Family Practice: Daily Devotions? Yes No

Mother, born again Christian (John 3:3-5) Yes No Family Practice: Pray at Meals? Yes No

Has your child ever made a profession of faith in Christ? Yes No

Church Attendance: regular (3-4 weeks a month), occasional (once per month), or seldom

Applicant _____ Regular _____ Occasional _____ Seldom _____

Father _____ Regular _____ Occasional _____ Seldom _____

Mother _____ Regular _____ Occasional _____ Seldom _____

We request that you consider the following items and respond to them for our mutual understanding:

A. How do you provide spiritual training for children in the home? _____

B. What goals do you have in mind for the training and development of your child(ren) as individuals? _____

C. What are your reasons for wanting to enroll your children in Rehoboth Classical Christian Academy? _____

Is there anything you feel we should know about your child in order to teach or discipline him/her effectively?

Explain: _____

Does your child have any mental, emotional, or physical handicaps that may affect his/her activities or progress?

Yes No If yes, please explain _____



Family Physician _____

Phone _____

Does child have any allergies? _____

Explain: _____

Are there any diagnosed learning disabilities such as dyslexia, ADD, ADHD, etc. that require special treatment and/or programs? Yes No If yes, please explain: _____

Is child on medication? Yes No If yes, please list medications and explain usage: _____

Has your child been suspended, expelled, and/or asked to transfer to another school? Are there conduct or behavior concerns? Yes No If yes, please explain: _____

We hereby certify that the above answers are true and are made with no reservation beyond those in the attached explanations.

Date: _____ Father/ Guardian: _____

Date: _____ Mother/ Guardian: _____



Information and Emergency Health Sheet

Student Name (Last, First, Middle) _____ Preferred Name _____

Grade _____ M/F _____ Birth Date _____/_____/_____

Student Address _____ Phone _____/_____/_____

Parent's Email Address _____

Father/Guardian _____ Home Phone _____/_____/_____

Address _____ Cell Phone _____/_____/_____

Employer _____ Position _____ Business Phone _____/_____/_____

Mother/Guardian _____ Home Phone _____/_____/_____

Address _____ Cell Phone _____/_____/_____

Employer _____ Position _____ Business Phone _____/_____/_____

Marital Status: Married Divorced Remarried Separated Widow/ Widower Single

If divorced, who has legal custody? Father Mother Joint Other _____

Give **3 local people** whom we could call in case of emergency if you or the caregiver cannot be reached.

Name	Phone	Location	Relationship
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Caregiver _____ Phone _____/_____/_____

Church Attending _____ Phone _____/_____/_____

Church Address _____ Pastor _____

Family Physician _____ Phone _____/_____/_____

Hospital Preferred _____

Allergies, Medications, or other concerns: _____

Insurance Company _____ Policy Number _____

Insured's Name _____ insured's Birth Date _____

Parent Permission and Medical Release

I hereby give permission to Rehoboth Classical Christian Academy staff to obtain any necessary medical treatment or hospital care for the above-mentioned child in the event of an emergency. I understand that all reasonable safety precautions will be taken at all times by the Rehoboth Classical Christian Academy staff. I also understand that if medical attention is needed, every reasonable attempt will be made to notify me and / or the emergency person stated above.

Signature of Parent/ Guardian _____



Pick-Up List

In an on-going effort to safeguard your child, we have implemented a pick-up list. Only people who are on this list will be allowed to take your child off the school premises. If you want someone other than those listed on this list to pick up your child, you must notify the front desk in writing or your child will not be released.

Student's Name _____ Home Phone _____/_____/_____

	Name	Phone	Relationship to Student
1.	_____	_____/_____/_____	_____
2.	_____	_____/_____/_____	_____
3.	_____	_____/_____/_____	_____
4.	_____	_____/_____/_____	_____
5.	_____	_____/_____/_____	_____
6.	_____	_____/_____/_____	_____

Parent Signature _____ Date: _____

Statement of Cooperation

Student's Full Name _____

In making this application, we affirm our commitment to the policies, procedures, and Statement of Faith as listed below:

- A. Although children of many Christian denominations make up the Rehoboth Classical Christian Academy student body, each student and parent enters with the awareness that all teaching will be based upon the school's Statement of Faith.
- B. Rehoboth Classical Christian Academy accepts the doctrine of "in loco parentis" (or in the place of the parents). We emphatically view the school, home, and local church as a partnership and the school's primary function to assist parents in fulfilling their responsibility to "train up a child in the way they are to go" (Proverbs 22:6)

Furthermore, I/we agree:

- 1. To authorize Rehoboth Classical Christian Academy to exercise its prerogatives as explained above in its role "in loco parentis" on behalf of my child. I/we understand that this includes permission to (a) discipline as deemed wise and expedient for my child; (b) to counsel my child biblically; (c) to be counseled biblically when matters of my child's welfare arise. (Proverbs 13:24; 19:18; 29:15; Ephesians 6:1-2; Hebrews 12:6)
- 2. That, if our son/daughter is involved in any disciplinary action, or should become involved in any trouble with other students, or should a misunderstanding arise between my student and the teacher, we will endeavor to settle any grievances quickly and according to spiritual principles (Matthew 18 and Galatians 6).
- 3. That assessments will be made to cover damage to school property (including breakage of windows, abuse, of books, etc.).
- 4. That RCCA may at any time dismiss a student who, in the opinion of the administration, has a scholastic or conduct record that does not fit into the spirit of the school, regardless of whether or not the student conforms to the specific rules and regulations of the school. I/we understand that attendance at Rehoboth Classical Christian School is a privilege, not a right.
- 5. To pay tuition according to the schedule or to other arrangements that shall be made. I/we understand that report cards may be withheld if required payments are not made or arranged for. I /we also understand that if the account is past due, and no arrangements have been made, my child will no longer be able to attend Rehoboth Classical Christian Academy.
- 6. To give permission for my child to take part in all school activities, including school sponsored field trips away from the school premises and absolve the school from liability to me or my child because of any injury to my child at school or during a school activity.
- 7. To help my child with homework when necessary and cooperate with the academic goals of the school.
- 8. To give the school permission (in case of emergency) to provide or obtain appropriate medical help for my child.

I have read or will read the above Statement of Cooperation and the Parent/Student Handbook and fully understand and agree to support the conditions and terms stated. (Signature required by both parents.)

Signature of Mother/Guardian and Date

Signature of Father/Guardian and Date



Student(s) _____

School/Grade _____

Consent for Release of Personally Identifiable Information

For the purpose of this release, personally identifiable information shall be limited to the student’s name, photograph, video, yearbook, school website, or newsletter of student.

I, the undersigned, ___do ___ do not give permission to Rehoboth Classical Christian Academy staff to release personally identifiable information from the above-named student for the sole purpose of use in the class photograph, school or local newspaper or other media, school programs, and personal support requests from parent organizations.

Signature of Parent/Guardian

Date

Parent’s Code

1. With the aid of the Holy Spirit, I will strive to walk in the way of the Lord.
2. I will pray earnestly for my child and my home.
3. I will pray earnestly for Rehoboth Classical Christian Academy.
4. I will cooperate fully in the educational functions of RCCA, doing my best to make Christian education effective in the life of each of my child that he or she may love and serve the Lord Jesus Christ all of his or her life.
5. I will pay all financial obligations to RCCA on or before the date due. If I am ever unable to pay on time, I will notify the bookkeeper in advance, a) giving a reasonable explanation for the delay, and b) stating when payment can be made.
6. I will support the school by gifts in addition to my tuition payments and fees, as the Lord enables. As God has prospered us, may we be faithful to Him.
7. I will undertake volunteer duties and responsibilities for RCCA as opportunities arise and as God provides time and strength.
8. I will recommend RCCA to other Christian families as opportunities arise.
9. I will attend meetings and parent functions of the of the school regularly and will make every effort to have my child present at all school programs.
10. If I become dissatisfied with the school in any respect, I will seek to resolve the matter with the person/persons most directly involved rather than spread criticism or hold a negative attitude in my heart. I will go to the teacher first, Headmaster second, and School Board last.
11. I will seek the advancement of RCCA in all areas. I will speak positively about the school in the community and support all school efforts to accommodate my child.

Signature of Parent/Guardian

Date



Parental Permission "Accidents" Requiring Teacher Aid

Occasionally children will have an "accident" when they cannot reach a restroom in a timely fashion. In such a case, the school will use spare uniform you set aside in your child's classroom to replace your child's soiled clothing. If your child does not have a spare uniform set aside in his/her classroom, one will be selected from the RCCA uniform store and billed to the party responsible for tuition payment. However, wet clothing may be difficult for a young child to remove on his/her own. With your permission, the child's teacher or aide would be available to aid in this process. In all cases the school secretary would attempt to reach a parent/ guardian to let them know of the "accident."

Wet clothing will be sent home in a dark plastic bag.

Please sign the following permission slip if you are willing for school personnel to help your child change wet clothing. If you would rather be notified so that you could bring dry clothing, please also indicate below:

I hereby give permission for school personnel to help my child to change wet clothing during the school year

Parent Signature _____

Student Name: _____

Date _____

I prefer to be called and to either come pick up my child or to bring him/her dry clothing:

Parent Signature _____

Student Name: _____

Date _____

My child will be potty-trained by the first day of school Yes

Parent Signature _____

I understand that if my child has no spare uniform clothing in his/her classroom that clothing will be selected from RCCA Uniform Store and billed to the party responsible for tuition. Yes

Parent Signature _____



Volunteer Hours Parent Teacher Fellowship

I understand that Rehoboth Classical Christian Academy is dependent upon each family's participation and assistance. As such, each family is expected to give their time by volunteering in the classrooms, on the playground, working on fund-raisers, doing repairs, cleaning, or any other involvement that helps the school and its students.

I understand that I am responsible to keep track of the hours I work and turn them into the office. On June 15th, my account will be charged \$10.00 for every hour short of what is required for my family. I understand that I will pay for all charges to my account as a result of insufficient hours worked.

Kindergarten.....\$200.00 or 20 hours per family (5 hours toward auction)

1st - 8th grade.....\$300.00 or 30 hours per family (5 hours towards auction)

Parent hours may be recorded on the bottom of your payment slip or you may pick up vouchers from the school office. Each family will keep track of their own hours on the honor system. The vouchers should be mailed or turned into the school office at the beginning of each month in order to receive appropriate credit. Reminder invoices with current status will be sent out in January with final billing for any balance due being sent in June.

Print Name: _____ Date _____

Signature: _____

Here is a list of possible areas in which to volunteer. You are not limited to these, however this will give you an idea of areas that would be helpful. Remember, even baking cookies for your child's class, or driving for a field trip is a good way to get hours, If you have any trouble thinking of ways to volunteer just talk to your child's teacher. Please check the following areas in which you would enjoy serving at RCCA:

- ____ Hot Lunch Volunteer
- ____ Christmas Program Helper
- ____ Refreshments for Special Events
- ____ Playground Supervision
- ____ Kindergarten Graduation Helper
- ____ Auction Volunteer
- ____ Guest Reader