

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](mailto:RCCA@rehoboth.org)

Application Date \_\_\_\_\_ School Year \_\_\_\_\_

Method of Payment: (circle one)      **Payment in Full**      **10 Monthly Payments**

Grade applying for: (circle one) K-4 K-5 1

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 your child have any allergies?    Yes    No    If yes, please 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 your 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 \_\_\_\_\_

List **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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Father/Guardian

\_\_\_\_\_  
Date

Student(s) \_\_\_\_\_

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