

2010 Middle River Loop, Fayetteville, NC 28312 (910) 323-4026-office (910) 323-2843--Fax

www.rcanc.us

Dr. Lin Wheeler, Superintendent

Elementary/Secondary Student Application

Number & Street	Student Information:	Applying for g	radefor	the	school year	Date
Last First Middle Preferred Name Address	Student's full legal name	e				
Number & Street	8	=			Middle	Preferred Name
Number & Street	Address					
Ethnicity:African-AmericanCaucasianNative AmericanHispanicOthe Family Information: Father/Guardian's Full Name	Number &					
Ethnicity:African-AmericanCaucasianNative AmericanHispanicOthe Family Information: Father/Guardian's Full Name	Phone	Date of	Birth	I	Male Fema	ale Age
Father/Guardian's Full Name Email Home Phone Cell Phone Occupation Employer Work Phone Employer's Email Employer's Address Mother/Guardian's Full Name Email Home Phone Cell Phone Occupation Employer Work Phone Employer's Email Employer's Email Employer's Email Employer's Address Parents Marital Status: Married Divorced Separated Widowed Single Student lives with Both Parents Mother Father Other Legal Custody of Student is Joint Mother Father Other If Applicable: Please provide a legal custodial document. Does Other Parent have Visitation Rights? Yes No N/A Siblings: Age Grade School Attending Name Name Name Name Phone # Relationship to Student Name Phone # Relationship to Student Name Phone # Relationship to Student	Ethnicity:Africa	n-American	Caucasian _	Native	American	HispanicOthe
Email Home Phone Cell Phone Occupation Employer Work Phone Employer's Email Employer's Address Mother/Guardian's Full Name Email Home Phone Cell Phone Occupation Employer Work Phone Employer's Email Employer's Address Parents Marital Status: Married Divorced Separated Widowed Single Student lives with Both Parents Mother Father Other Legal Custody of Student is Joint Mother Father Other If Applicable: Please provide a legal custodial document. Does Other Parent have Visitation Rights? Yes No N/A Siblings: Age Grade School Attending Name Name Name Name Phone # Relationship to Student Name Phone # Relationship to Student Name Phone # Relationship to Student	Family Information:					
Email Home Phone Cell Phone Occupation Employer Work Phone Employer's Email Employer's Address Mother/Guardian's Full Name Email Home Phone Cell Phone Occupation Employer Work Phone Employer's Email Employer's Address Parents Marital Status: Married Divorced Separated Widowed Single Student lives with Both Parents Mother Father Other Legal Custody of Student is Joint Mother Father Other If Applicable: Please provide a legal custodial document. Does Other Parent have Visitation Rights? Yes No N/A Siblings: Age Grade School Attending Name Name Name Name Phone # Relationship to Student Name Phone # Relationship to Student Name Phone # Relationship to Student	Father/Guardian's Full N	lame				
Occupation	Email		Home	Phone	Ce	ell Phone
Work Phone Employer's Email						
Employer's Address Mother/Guardian's Full Name Email						
Email						
Email	Mother/Guardian's Full	Name				
Occupation Employer						ell Phone
Work PhoneEmployer's Email						
Employer's Address Parents Marital Status:MarriedDivorcedSeparatedWidowedSingle Student lives withBoth ParentsMotherFatherOther Legal Custody of Student isJointMotherFatherOther If Applicable: Please provide a legal custodial document. Does Other Parent have Visitation Rights?YesNoN/A Siblings:	Work Phone		Employer	r's Email		
Student lives withBoth ParentsMotherFatherOther Legal Custody of Student isJointMotherFatherOther If Applicable: Please provide a legal custodial document. Does Other Parent have Visitation Rights?YesNoN/A Siblings:						
Student lives withBoth ParentsMotherFatherOther Legal Custody of Student isJointMotherFatherOther If Applicable: Please provide a legal custodial document. Does Other Parent have Visitation Rights?YesNoN/A Siblings:	Parents Marital Status:	Married I	Divorced	Separated	Widowed	Single
Legal Custody of Student is						
If Applicable: Please provide a legal custodial document. Does Other Parent have Visitation Rights?YesNoN/A Siblings: Age Grade School Attending NameName						
Does Other Parent have Visitation Rights?YesNoN/A Siblings: Age Grade School Attending NameName						
Name Name Name Relationship to Student Phone # Relationship to Student	Does Other Parent have	Visitation Rights	?Yes	No	N/A	
Name Name Name Name Relationship to Student Phone # Relationship to Student Re	Siblings:		Age	Grade	Scho	ol Attending
Name	Name		-			
Name	Name					
Name Phone # Relationship to Student Name Phone # Relationship to Student	Name					
Name Phone # Relationship to Student Name Phone # Relationship to Student	Emergency Contact: (C	other than parents	3)			
NamePhone #Relationship to Student					Relationshi	p to Student

Student Allergies: Does your child have any allergies to food, med	dications, latex, e	tc.? If so, p	lease list:	
Church Affiliation & Denomination: Name of Church attending Denomination		City		
Educational Information: Student's Current School				_ Grade
Phone #Fax # Reg Address	istrar/PrincipalCi	ity	Zip	
*Has your child ever applied to RCA or attende *Has your child ever been retained? *Has your child ever been placed on academic *Has your child ever been suspended? *Has your child ever been asked to withdraw fr *Has your child ever been tested, diagnosed orGiftednessLearning disability, reading difficAttention Deficit Disorder, Hyper *Does your child have an I.E.P.? If you answered yes to any of these questions, application or attach a separate sheet as necessary By signing this form, I certify that I have read the information I have provided is correct.	probation? rom school? evaluated for: culty ractivity please provide co ssary.	mplete deta	Grade? Yes Yes Yes Yes Yes Yes Yes ils on the back of	No No No No No No
			Date	
Father/Guardian Signature	Printed Name		Date	
Mother/Guardian Signature	Printed Name			
Would you indicate where/how you heard about	ut RCA?			

^{*}Riverside Christian Academy admits students of any race, color, national and ethnic origins and to all of the rights, privileges, programs, and activities generally accorded or made available to students at RCA. RCA does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admission policies, athletic and/or other school administered programs.

Tuition and Discount Information

Grade Level	PK3-PK4	K5- 8th	9 th -12th
Application Fee	Located in	Located in	Located in
	Tuition/Fees tab	Tuition/Fees tab	Tuition/Fees tab
Monthly Tuition	Located in	Located in	Located in
	Tuition/Fees tab	Tuition/Fees tab	Tuition/Fees tab
Student Resource Fee	due June 1	due June 1	due June 1

Student Resource Fee	due June 1	due June 1	due June 1
Fuition Discount: 1 st Stud	dent = full pay	2 nd Student = 15%	3 rd Student = 30%
Tuition Payments: Tuition Payments are due beginn respective year ends. Example:	K-5 payments begin in .		igh May
Tuition can be paid by check, car payment made by debit or cred		quare. There will be an u	pcharge added to any
Tuition payments are due on the \$25.00 will be assessed if paym			th month. A late fee of
I,	, am the parent/gu	ardian of	•
A second sibling enrolled in RCadiscount. Please list siblings for which this Name	discount would apply:	•	olings will receive a 30%
Name			
Name			
Should any changes occur that w school office/Superintendent in a	_	the parent/guardian is res	sponsible for notifying the
I understand there will be no red inclement weather.	uction in tuition fees du	e to holiday closings, vac	ations, absences or
In the event your child must be veto the school financial officer. If			-
Parent/Guardian Signature	Prin	ted Signature	Date