



Rockwall Christian Academy

6005 DALROCK RD.
ROWLETT, TX 75088
(972) 412-8266

TUITION AND FEES 2008-2009 SCHOOL YEAR

REGISTRATION FEE:	\$ 200.00 (Includes 1 Yearbook & Student Insurance)
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Students are not considered enrolled until the Registration and Curriculum Fees are paid.

CURRICULUM FEE (Non-Refundable)	
K4 – K5	\$200.00
1st – 6th	\$225.00
7th – 8th	\$275.00
9th – 12th	\$325.00
ENTRANCE TESTING FEE	
New Incoming students only	\$50.00 (To be paid before testing date is set)
TUITION	
K4 Program	½ Day - \$3,950.00 Full Day - \$4,500.00
K-5	\$4,730.00
1st – 6th	\$5,150.00
7th – 8th	\$5,675.00
9th – 12th	\$6,300.00
GRADUATION FEES	
Kindergarten	\$35.00
12th Grade	\$75.00

DISCOUNTS:

Paying the Year in advance: Cash payment in full by July 1, 2008 - \$150.00 discount per student
There is no discount for semester pay.

Multiple Children: 10% discount for second child
15% discount for third child
20% discount for additional children

Referral Bonus: Anyone referring a new family will receive a \$200.00 referral bonus. The bonus will be credited after the new family has been enrolled at RCA, has attended one semester of school and both accounts are current.

Extended Care: Before school and after school care will be provided at an additional charge.

*** There are additional fees for athletics, art, drama, photography, etc.



ENTRANCE TESTING FEE

Entrance testing is required for all new incoming students to determine grade placement and to assess skill levels to see if Rockwall Christian Academy is the best place for the student to achieve his or her fullest potential academically.

Testing will be on an assigned day for approximately 30-45 minutes for K-4 through 3rd grade and approximately 45 minutes to one and one-half hour for grades 4 through 12.

Testing Fee: \$50.00 (a non-refundable fee to be paid on day of testing)



ENROLLMENT PROCESS:

Rockwall Christian Academy endeavors to thoroughly review each prospective student's application prior to enrollment. We do not discriminate on the basis of race, color, sex, national origin, or ethnic origin in the enrolling of students. To facilitate the process, we ask that each family applying for admission follow the procedure outlined below:

1. Complete the entire enrollment application and return it to the school office. At the time you return it, please include report cards and/or transcripts as well as attendance information from the school your child is currently attending. Registration and Curriculum fees are due at time of enrollment.
2. Schedule an appointment for entrance testing. If your student is not accepted to RCA, the registration and curriculum fees will be refunded to you and the F.A.C.T.S. form will be destroyed.
3. After the testing is evaluated, you will be scheduled for an appointment to review the testing and interview with the Principal. Please bring the prospective student with you for this appointment. Prior to this appointment, we must have complete paperwork, including immunizations, and financial arrangements on file for your student.

**REGISTRATION
PLACEMENT RESERVATION FORM
School Year 2008-2009**

Date of Enrollment: _____														
Student Last Name				First Name				M/I		Goes By				
Social Security Number						Birth Date		Age		Sex (M/F)		Race		
Address										Home Telephone				
What grade do you expect your child to be enrolled in this fall? (CIRCLE)														
K3	K4	K5	1	2	3	4	5	6	7	8	9	10	11	12

Who is legally responsible for this child? (Check one)

- Mother Father Both Other _____

With whom does the child reside? Mother Father Both Other

If other, please explain _____

Where does your child currently attend school? _____

Church Affiliation: _____ Church Member: (Y/N) _____

Will your child need additional child care? (Y/N) Before: _____ & After: _____

Parent Information

Father's (or Guardian's) Name: _____

Drivers License #: _____

Address if different from above: _____

Father's Employer: _____ Wk Phone: (____) _____

Father's Beeper #: (____) _____ Car Phone: (____) _____

Father's Fax #: (____) _____ Email Address: _____

Mother's (or Guardian's) Name: _____

Drivers License #: _____

Address if different from above: _____

Mother's Employer: _____ Wk Phone: (____) _____

Mother's Beeper #: (____) _____ Car Phone: (____) _____

Mother's Fax #: (____) _____

Email Address: _____

CONFIDENTIAL / PERSONAL INFORMATION

1. Has your child ever been suspended from school for any reason? π YES π NO
If YES, please explain.

2. Has your child ever been expelled from school for any reason? π YES π NO
If YES, please explain.

3. Has your child ever been in trouble legally or arrested, etc.? π YES π NO
If YES, please explain:

4. Has your child ever been in specialized reading or math classes? π YES π NO
If YES, please explain:

5. Has your child ever been in an ARD (Admission, Review & Dismissal) Program or Special Education Program for special needs for children? π YES π NO

If YES, where-- school: _____

when---years: _____

6. Has your child ever been in a modified curriculum? π YES π NO

7. Has your child had any tutors? π YES π NO
If YES, please list the subjects and the years tutoring was required. -

**CONFIDENTIAL / PERSONAL INFORMATION
PART 2**

8. Has your child had any kind of special testing for learning difficulties or learning differences? π YES π NO

π ADD π ADHD π Other _____

Please give the year(s) of the testing: _____

Location of the testing: _____

9. Has your child had any traumatic experiences (i.e. death of parent, major life threatening illness)? π YES π NO

If YES, please explain: _____

10. Has your child ever been in a gifted and talented program? π YES π NO

If YES, where: _____

when: _____

11. Please explain your reason(s) for enrolling your child at Rockwall Christian Academy

Rockwall Christian Academy does not discriminate on the basis of race, color, sex, national origin, or ethnic origin in the enrolling of students.

CHILD CARE AND PICK-UP INFORMATION

Student's Name: _____ Grade: _____

Please attach a recent photograph of your child. *(Rockwall City Ordinance 85-18)*

If you checked "yes" for before/after school care, please check one or two of the following:
My child will need:

Before school care. _____
Between 6:30 a.m. and 7:45 a.m.

After school care. _____
Between 3:45 p.m. and 6:30 p.m.

Please list the last four digits of parents' social security number. This is required so that we can confirm people you authorize to pick up your child. They will be required to give us one of these numbers before we release your child. There will be no exceptions.

Mother's SS.# _____

Father's SS.# _____

List all names of adults including parents who may pick up your child at any time without prior notice to the office.

List names of any adults who may pick up your child after specific telephone confirmation from the parent. You must notify the office before this person comes for your child.

(If applicable, a copy of custody papers may be requested for the safety of the child.)

Are there any persons who under no circumstances may pick up your child? π YES π NO

Would there ever be a situation where the parent or legal guardian might call to request someone not listed above to pick up your child? π YES π NO

Parent's Signature

Date

TRANSPORTATION TO AND FROM SCHOOL

Please indicate the means by which your child will travel to and from school:

π Parent

π Carpool Driver's name _____

π Older Sibling Name _____

π Self Tex. DL# _____ Make & Model of car _____

License _____

If any of the above information changes, please notify the office immediately.

SURVEY

How did you hear about Rockwall Christian Academy?

π RCA Bumper Sticker

π Newspaper Advertisement

π Yellow Page Advertisement

π Rockwall Chamber of Commerce

π Referred by a RCA family

π Rowlett Chamber of Commerce

π Other _____

If you are new to Rockwall Christian Academy, and you were referred to us by a school family, please write their name.

HEALTH HISTORY

Has your child had a physical exam within the past year? π YES π NO

(list year if yes):

Chicken Pox: _____

Scarlet Fever: _____

Rheumatic Fever: _____

Tuberculosis: _____

Asthma: _____

Ear Infections: _____

Frequent Sore Throats? _____

Frequent Earaches? _____

Frequent Headaches? _____

Nosebleeds? _____

Allergies: _____

Kind of Allergies: _____

Convulsions or fainting spells: _____

If so, please explain: _____

Has your child been hospitalized within the past year? π YES π NO

If YES, for what reason?

If the child has had any operation(s), please explain and give the date(s).

Does your child take medication on a regular basis? π YES π NO

If so, what kind? _____

Note: Medication must be in original container if administered at school.

Does your child now, or has your child ever used tobacco, alcohol or drugs? π YES π NO

If YES, please explain:

List any hearing, vision, or health problems: _____

Visual acuity and hearing sensitivity screening are required for four year olds enrolled in preschool. Rescreening is required only if an abnormality was noted on the first screening. Speech screening is optional.

If your child has been tested for visual acuity or hearing sensitivity, please attach a copy of the results.

HEALTH REPORT

Child's Name: _____ Age: _____

State law requires a doctor's certificate showing that your child has current immunization against diphtheria, tetanus, pertussis, poliomyelitis, measles (rubeola), mumps and rubella (German measles) *Haemophilus Influenza* type b, and Hepatitis B. Requirements vary according to the child's age. Please consult your health care provider for the most recent requirements for your student(s). Proof of such immunization may be shown only by a certificate of immunization (or history of disease for rubeola) signed by your child's physician or Health Department Clinic.

PLEASE ATTACH A COPY OF YOUR CHILD'S MOST RECENT IMMUNIZATIONS.

Students needing additional immunizations may obtain free or low cost services at the following locations:

Dallas County Health Dept. Rowlett Clinic 5300 Main St. (behind Rowlett High School) 2 nd Thursday of every month 8:30 to 11:30 a.m.	FREE
Dallas County Health Dept. Garland Clinic First International Bank Building 5 th floor 3306 W. Walnut Garland Every Wednesday 8:30 to 3:30	FREE
Dallas County Health Dept. Main Office 2377 N. Stemmons (Motor Street exit) (214) 819-2100 Monday through Friday 8:30 to 3:30, Wednesday until 6:00	\$3.00 PER VISIT
Outreach Health Services- Rockwall County 102 S. First St. Rockwall 972-771-9541 Monday through Friday 8:00 to 11:00 and 1:00 to 3:00 Only uninsured/underinsured children eligible	\$20.00 PER VISIT

All county health facilities will need records of previous immunizations or a letter from the school showing the required immunization the child is lacking.

STUDENTS CANNOT BE CONSIDERED ENROLLED UNTIL IMMUNIZATION RECORDS ARE RECEIVED.

Note: If medical diagnosis and treatment and/or immunization and TB testing conflict with your religious beliefs, you must sign an affidavit to that effect and attach it to this form.

SPECIAL EMERGENCY REFERRAL INSTRUCTIONS:

In the event I cannot be reached or make arrangements for emergency medical attention at the time of illness or accident, I hereby authorize Rockwall Christian Academy to take my child to:

Doctor / Hospital	Address	Phone

Person to call in an emergency if parents cannot be reached:

Name(s)	Phone

In the event of an emergency I authorize the administration of Rockwall Christian Academy to take whatever steps may be necessary to obtain emergency medical care for my child,

_____ (Name)

I authorize area hospitals to give emergency medical care and release the physician on duty to treat my child.

I also give permission for my child to participate in all school activities, including sports, field trips, and school sponsored trips away from the school premises. I absolve Rockwall Christian Academy from liability to us or to our child because of any injury at school or during any school activity.

Parent/Guardian's Signature: _____ Date: _____

SIGNED BEFORE ME THIS DAY THE _____

OF _____, 20____.

NOTARY SIGNATURE

COUNTY

MY COMMISSION EXPIRES _____

**ROCKWALL CHRISTIAN ACADEMY
PARENT AGREEMENT FORM
School Year 2008-2009**

Student's Name: _____

By my signature below I certify that I am in agreement with the following provisions:

1. I hereby place my confidence in the administrative staff of Rockwall Christian Academy to assist in the education of my child according to a Christian philosophy of education.

2. I understand that sending my child(ren) to Rockwall Christian Academy is a privilege and not a right. The goals of Rockwall Christian Academy are not to reform, but to train Christian youth in the highest principles of Christian character, self-discipline, individual responsibility, personal integrity, and good citizenship.
I also believe that discipline is necessary for the welfare of each student, as well as for the entire school. I give permission for my child's teacher and/or other agent of the school to make and enforce classroom regulations and school policies in a manner consistent with Christian principles on discipline as set forth in the Scripture. This may include such measures as instruction, exhortation, correction and rebuke. I understand that Rockwall Christian Academy reserves the right to suspend or expel any child at the discretion of the administration.

3. I realize that occasionally children take issue with actions that they do not agree with and that they are prone to criticize statements out of context. I pledge that, should such occur, I will not support the criticism, that I will correct my child, support the school personnel, and call in for full details any time I have a question concerning the facts.

4. I pledge to build strong relations with my child's teacher and aid in the training of my child through Godly example in the home. I will follow through with any work assignments or slips to be signed, see that my child reaches school on time, call or send written excuses for absences or tardiness, and cooperate in training the child to respect school property. I will attend all parent functions (Parent Orientation, parenting classes as offered, and parent-teacher conferences)

5. I give permission for my child to take part in all school activities, including sports and school sponsored trips away from the school premises. I further agree to hold the school and its agents harmless for any liability to my child or any guardian or parent thereof because of any claims on behalf of my child against the school or any agent thereof because of any injury or alleged injury to my child. Should legal action for any reason be taken against Rockwall Christian Academy or any employee or agent thereof on my child's behalf and the school or its agent not be found at fault, I agree to pay any attorney fees, court fees, damages or other costs that Rockwall Christian Academy or its agent should incur to defend itself against such action.

6. I pledge to pay my financial obligations to Rockwall Christian Academy on the date due and understand that fees will be assessed by FACTS Tuition Management for non-sufficient payment. I understand that any student whose tuition becomes and remains past due is subject to dismissal.

Father's /Guardian Signature

Date

Mother's/Guardian Signature

Date

RECORD RELEASE FORM

DATE: _____

TO: _____

Please release all report card grades or transcript, health records, birth certificate, and test scores to:

Rockwall Christian Academy
6005 Dalrock Rd.
Rowlett, TX 75088

For: _____ Grade: _____

Date of Birth: _____

Signature of
Parent/Guardian: _____

Address: _____

FIELD TRIP FORM

Student's Name: _____ Grade: _____

Address: _____ City/State/Zip: _____

Student's Home Phone Number: (____) _____

Parents' Work Numbers:

Father: _____ Mother: _____

Beeper: _____ Beeper: _____

Car Ph.: _____ Car Ph: _____

Person other than parent to be notified in case of emergency:

_____	_____	_____
Name:	Relationship to child	Phone (Home/Work)

Family Doctor: _____ Phone: _____

In the event of an emergency occurring while my son/daughter is on a school sponsored trip, I hereby grant permission to Rockwall Christian Academy and/or its employees to take whatever action is deemed necessary. In the event I cannot be reached, I hereby authorize the school and/or its employees to give consent for my son/daughter to receive medical treatment.

1. I hereby ___ give/ ___ do not give consent for my child to be transported by Rockwall Christian Academy staff and/or volunteer parents on field trips to and from school.
2. I hereby ___ give/ ___ do not give consent for my child to participate in water activities.

o MEDICAL INFORMATION

1. What was the date of your child's last tetanus shot? _____
2. To your knowledge, is he/she allergic to any medications? π YES π NO
If YES, please list here: _____
2. If the student is receiving medication, please list name of medication, dosage, and time to be taken.

4. Please list/describe any specific health problems or medical information that might be relevant in case of illness or accident. _____

Parent's Signature

Date

CHECK LIST FOR REQUIRED FORMS

Birth Certificate

Social Security Card

Immunization Records

Picture I.D.

Report Card and or Transcript

Letters of Recommendation from your Pastor

Elementary applicants should give a Student Recommendation Form from your present homeroom teacher.

Secondary applicants should provide one Student Recommendation Form from your present Math and English teachers and an administrator/counselor who has personal knowledge of you.

**ROCKWALL CHRISTIAN ACADEMY
MEDICATION PERMISSION FORM**

DATE: _____

STUDENT NAME: _____

HAS PERMISSION TO TAKE: _____

DOSAGE: _____

(OR CHECK AS APPROPRIATE)

_____ ONE (1) ADULT TYLENOL FOR HEADACHE OR PAIN AS NEEDED

_____ CHILDREN'S CHEWABLE TYLENOL

_____ MAALOX FOR UPSET STOMACH

_____ COUGH DROPS FOR COUGH OF SORE THROAT

SIGNATURE OF PARENT/GUARDIAN: _____

This form must be signed and returned to the RCA Office before your child will be permitted to take any of the above over-the-counter medications at School. Thank you for returning this promptly.

**** PRESCRIPTION MEDICATION MUST BE IN THE ORIGINAL CONTAINER, LABELED WITH CHILD'S NAME, DRUG, DOAGE, AND DIRECTIONS FOR ADMINISTERING. ****

