

ROCKWALL CHRISTIAN ACADEMY

6005 Dalrock Road
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(972) 412-8266 - Office
(972) 463-3746 - Fax

www.rockwallchristian.org

STUDENT APPLICATION

STUDENT NAME _____ **Date of Application** _____

What grade do you expect your child to enter this fall? (Circle one.)

K4 K5 1 2 3 4 5 6 7 8 9 10 11 12

Student's Last Name _____ First _____ Middle _____

Address _____ City _____ State _____ Zip _____

Phone _____ Birthdate _____ Birthplace _____

Present Age _____ Sex _____ Height _____ Weight _____ Eye Color _____ SS# _____

Ethnicity _____

FATHER _____ **STEPFATHER** _____ **GUARDIAN** _____ (Choose one.)

Name _____ Living with child _____ Yes _____ No _____

Home Address _____ Deceased _____ Divorced _____

Occupation _____ Home Phone _____

Employer _____ Work Phone _____

Father's Email Address _____ Cell Phone _____

MOTHER _____ **STEPMOTHER** _____ **GUARDIAN** _____ (Choose one.)

Name _____ Living with child _____ Yes _____ No _____

Home Address _____ Deceased _____ Divorced _____

Occupation _____ Home Phone _____

Employer _____ Work Phone _____

Mother's Email Address _____ Cell Phone _____

If the child is not living with both biological parents, please attach a copy of the legal document pertaining to custody.

AUTHORIZED PICK UP

Please specify any person (other than parents listed above) that is authorized to pick up your child:

NAME	ADDRESS	PHONE	RELATIONSHIP	DL#
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1. _____

2. _____

3. _____

4. _____

SPECIAL INSTRUCTIONS (i.e., is there someone who is NOT allowed to pick up your child?)

List two neighbors or relatives who will assume responsibility for your child if we are unable to contact you: (Please print.)

Name _____ Phone _____

Name _____ Phone _____

Church Membership _____ Pastor's Name _____

_____ I do not have a home church at this time. The reason is _____

How did you hear of RCA? _____

FAMILY INFORMATION

Sibling Information

Names of Brothers	Birthdates	Names of Sisters	Birthdates
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_____	_____	_____	_____
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_____	_____	_____	_____
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In order to better address the needs of your child, please explain any traumatic or unusual circumstance that has impacted the life of your child (i.e., divorce, frequent moves, death of a close family member, etc.)

ACADEMIC BACKGROUND

List all schools previously attended with dates of attendance.

1. _____

2. _____

3. _____

4. _____

Please attach copies of grade reports from the last school attended for elementary and middle school students.

Please attach copies of transcripts from all schools attended for students 9th grade or above.

Last School Attended _____ District _____

Address _____ City _____ State _____ Zip _____

School Phone _____ School Grade Completed _____ Grade Presently Enrolled _____

Is applicant in good standing and eligible to remain or return to present school? _____ Yes _____ No

Parent: Please make a full statement addressing the reason(s) you are pursuing admission to Rockwall Christian Academy for your school.

If your child experiences academic difficulties that lead to the risk of failure, would you be willing to seek out additional resources in order to ensure his or her success (e.g., tutorial services, diagnostic testing, counseling)? Yes _____ No _____

CONFIDENTIAL PERSONAL INFORMATION
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1. Has your child ever been suspended from school for any reason? Yes No
If Yes, please explain.

2. Has your child ever been expelled from school for any reason? Yes No
Please explain.

3. Has your child ever been in trouble legally or arrested, etc. Yes No
Please explain.

4. Has your child ever been in specialized reading or math classes? Yes No
Please explain.

5. Have you ever participated in an ARD (Admission, Review & Dismissal) Program or Special Education Program for special needs for children? Yes No
Please explain.

6. Has your child ever been in a modified curriculum? Yes No
Please explain.

7. Has your child had any tutors? Yes No
Please explain.

8. Has your child had any kind of special testing for learning differences? Yes No

ADD ADHD Other _____

Pease 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)? Yes No
Please explain.

10. Has your child ever been in a gifted and talented program? Yes No
If Yes, please describe the school year _____

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