

ROCKWALL CHRISTIAN ACADEMY

6005 Dalrock Road
Rowlett, Tx 75088
(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#
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

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 _____

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)? 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.

Rockwall Christian Academy admits students and employs faculty and staff of any race, color, national and ethnic origin to all the rights, privileges, and activities generally accorded or make available to students, faculty, and staff at the school. We do not discriminate on the basis of race, color, national and ethnic origin in the administration of our academic, employment, and admissions policies, our financial aid programs, and our athletic, arts, and other school administered programs.

MEDICAL HISTORY

Student Name: _____

Family Doctor _____

Hospital Preference _____

Insurance company _____ **Insurance Policy Number** _____

	YES	NO		YES	NO		YES	NO
Allergies			Diabetes			Rheumatic Fever		
Anemia			Ear Disease, mastoid			Rubella		
Anxiety			Epilepsy			Scarlet Fever		
Appendicitis			Glandular Disease			Seizures		
Arthritis			Hay Fever			Sinus Trouble		
Asthma			Heart Disease			Skin Disease		
Bronchitis			Hepatitis			Thyroid Trouble		
Cerebral Palsy			Kidney Trouble			Tonsillitis		
Chicken Pox			Malaria			Tuberculosis		
Cholera			Measles			Typhoid Fever		
Colitis			Meningitis			Ulcers		
Convulsions			Mononucleosis			Vertigo (dizziness)		
Deafness			Pilonidal Cyst			Whooping Cough		
Depression			Pneumonia			Other		

Please check the following symptoms that have been serious or frequent:

- Sore throat Colds Earaches Boils Chronic cough Bloody sputum Hoarseness Nausea Night sweats
- Vomiting Sore mouth Jaundice Indigestion Headache Constipation Pain in chest Rapid heart Nervousness
- Migraine headache Seizures Skin trouble Shortness of breath Sweating of hands and feet Urinary symptoms
- Swelling of hands and feet

Please explain any serious illness, injury, or hospitalization your child has experienced. Make note of special health problems that could limit your child's full participation in classroom or physical education activities.

CHILD CARE AND PICK-UP INFORMATION

Student's Name: _____ Grade: _____

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

If your child(ren) require before/after school care, please check which of the two options are appropriate:

My child(ren) will need:

- Before school care.
Between 6:30 a.m. and 7:45 a.m.
- After school care.
Between 3:45 p.m. and 6:00 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.

_____	_____
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(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? YES NO

_____	_____
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_____	_____
Parent's Signature	Date

TRANSPORTATION TO AND FROM SCHOOL

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

Parent

Carpool Driver's name _____

Older Sibling Name _____

Self TX DL# _____ Make & Model of car _____

License # _____

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