



# Roxboro Christian Academy

640 Wesleyan Heights Rd, PO Box 1357

Roxboro, NC 27573

(336) 599-0208 Fax# (336) 599-0209

[rcaoffice@roxborochristianacademy.com](mailto:rcaoffice@roxborochristianacademy.com)

## ENROLLMENT APPLICATION

20\_\_ - 20\_\_

### Please provide the following information about your *CHILD*:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

SSN: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Applying to Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

Please **sign here** to give permission for us to obtain previous school records: \_\_\_\_\_

List chronologically all schools attended, including nursery and kindergarten:

Date	Grade	Name and Address of School
_____	_____	_____
_____	_____	_____
_____	_____	_____

List organizations, sports, hobbies, etc. in which the student is interested and/or talented:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Learning differences (documentation required):

Diagnosed with dyslexia  Other learning differences:

Diagnosed ADD or ADHD

Medicated:  Yes  No

Check if appropriate for your child and give full details below and/or on a separate sheet of paper, including the principal's name and phone number where necessary:

Repeated a grade  Failed any portion of the most recent Achievement Testing

Had disciplinary difficulty  Had emotional, mental, or physical handicaps

Been suspended  Attended summer school

Been expelled  Had legal problems

Had extended absences from school  Used tobacco, illegal drugs, or alcohol

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you learn about Roxboro Christian Academy?

Yellow Pages  Newspaper Ad  Church Announcement

Website  Current RCA Parent

Other: (please specify) \_\_\_\_\_

**Please provide the following information about *YOURSELVES*: (circle one)**

**Parent 1: (I.E. Father, Mother, Stepfather, Stepmother, Grandfather, Grandmother, etc.)**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Emp: Addr: \_\_\_\_\_ Emp: Phone: \_\_\_\_\_

**Parent 2: (I.E. Father, Mother, Stepfather, Stepmother, Grandfather, Grandmother, etc.)**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Emp: Addr: \_\_\_\_\_ Emp: Phone: \_\_\_\_\_

Please share with us why you want your child to attend Roxboro Christian Academy: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Spiritual Background:**

Roxboro Christian Academy partners with parents to facilitate students' growth in academics, biblical life application and leadership. The foundation that undergirds it all is a Biblical Worldview through the heart of faith in Christ Jesus. Therefore, our policy states that at least one parent in the home must be a Christian. So, we ask that you help us understand your Christian faith as a parent/guardian, and how it plays a role in your life and the life of your family. Use additional pages if necessary.

So that we know we have the same basic Christian beliefs, indicate here that you have read our Statement of Faith and that you are in agreement with it. \_\_\_ Yes \_\_\_ No

Please share your personal story about your faith in Jesus Christ. (At least one parent must fill out this portion. RCA policy requires at least one parent in the household to be a Christian.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Which church do you attend & address? \_\_\_\_\_

Phone number: \_\_\_\_\_ Church Member: \_\_\_ Father \_\_\_ Mother \_\_\_ Children

Personal reference: (non-relative)

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Share with us how you integrate Christian faith and teaching in your home and with your parenting. Please give some specific examples. Complete on a separate sheet of paper.**

**Please provide the following *emergency contact information*:**

Primary Emergency Contact (other than Parent 1 or 2):

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Work #: \_\_\_\_\_ Email: \_\_\_\_\_

Secondary Emergency Contact (other than Parent 1 or 2):

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Work #: \_\_\_\_\_ Email: \_\_\_\_\_

**Please provide the following *medical information*:**

Primary Doctor: \_\_\_\_\_ Primary Hospital: \_\_\_\_\_

Doctor's Office Address: \_\_\_\_\_

Doctor's Office Primary Number: \_\_\_\_\_

Please list any allergies your child has: \_\_\_\_\_

Please list all medications your child is currently taking: \_\_\_\_\_

Is permission from a parent required before providing your child with either Ibuprofen or Tylenol? \_\_\_\_\_

Permission for emergency treatment: I hereby give my consent for \_\_\_\_\_

To receive emergency medical treatment as may be considered necessary in the opinion of the attending licensed physician or paramedics: \_\_\_\_\_

Signature of Parent or Guardian

**Please provide the following information about those authorized to *pick-up your child in an emergency* (other than yourselves)**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

**IN MAKING THIS APPLICATION, I UNDERSTAND THAT**

1. My child has permission to take part in all school activities, including sports, field trips, etc. I will not hold the school liable because of any injury to my child at or during school activities.
2. The school has full discretion in the discipline of my child according to Biblical principles (Proverbs 22:6, 15). Therefore, my child may be disciplined by the principal, teacher, or any person who is over the care and welfare of the child. Note: The school **does not** employ corporal punishment.
3. The administration has full responsibility for placing my child academically. I will ensure that my child fulfills all academic requirements including homework and that he/she cooperates fully with the standards, policies, and regulations of the school.
4. My cooperation is expected in: (a) Prompt payment of tuition; (b) Practical help; (c) Faithful prayer; (d) Attending PTF meetings; and (e) Special gifts since tuition does not cover the actual costs of educating my child.
5. The school reserves the right to dismiss any student at any time for failure in academics, discipline, morality, or for any attitude or behavior that is detrimental to the school.
6. Tuition payments are ***due on the first day of each month*** (August through May) and must be paid by the tenth (10<sup>th</sup>) of the month. After the tenth (10<sup>th</sup>), the account becomes delinquent with a late fee of \$25.00. When an account becomes **45 days in arrears**, the parent will be requested to withdraw the child from school until the account is no longer past due. If a child attends one day of the month, the parent must pay the entire month's tuition. Monthly statements will be provided by Email around the first of the month.
7. I understand that the following statement of faith is that of Roxboro Christian Academy, and I submit this application for the instruction of my child consistent with Christian principles as revealed in the Scriptures and consistent with this statement of faith.

**STATEMENT OF FAITH**

We believe in the inspiration of the Bible (both Old and New Testaments); the creation of man by the direct act of God; the incarnation and virgin birth of our Lord and Savior, Jesus Christ. We believe in the forgiveness of mankind's sin by the shed blood of Jesus Christ and the cross. We also believe in the resurrection of His body from the tomb; the new birth through regeneration by the Holy Spirit; and the gift of eternal life by the grace of God.

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(Signature of Father or Guardian)

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(Signature of Mother or Guardian)

Note: Both parents or guardians must sign that you accept and agree with items 1 through 7 above. If only one parent has custody of the child, that one signature will suffice. For a child to be officially registered, once they have been admitted to RCA, a **non-refundable fee of \$135.00 will be required**.

Please see the tuition and fee schedule for a list of all tuition and fee due dates and charges.



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## Pastor Recommendation Form:

On behalf of RCA, thank you for taking the time to offer your feedback on this applicant. We value your input and appreciate your perspective as we prayerfully consider admittance for this student. Please complete the information below and mail to us directly.

Pastoral Staff Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of Church: \_\_\_\_\_ Email Address: \_\_\_\_\_

Church Street Address: \_\_\_\_\_

The \_\_\_\_\_ family is applying for admission of their child(ren) at Roxboro Christian Academy.

How long has the family been attending your church? \_\_\_\_\_

How often do they attend church? (Please circle) Regularly or Seldom

Please comment on this family's involvement in church. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Additional information/comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name of Pastoral staff member: (print name) \_\_\_\_\_

Signature of Pastoral staff member : \_\_\_\_\_ Date: \_\_\_\_\_

All responses are kept confidential.

Please mail this form directly to Roxboro Christian Academy, P.O. Box 1357, Roxboro, N.C. 27573, email the form to [rcaoffice@roxborochristianacademy.com](mailto:rcaoffice@roxborochristianacademy.com) , or Fax the form to 336-599-0209.

If you have any questions, please call 336-599-0208

Thank you,

RCA Administration

## Application Process:

- **Application:** Please fill out the application completely and return to the RCA office along with a \$25 application fee.
- **Birth Certificate:** This must be included along with the application form
- **Student Medical Immunization Record:** All students applying for K3-12<sup>th</sup> grade must provide a copy of up-to-date immunization records provided by your physician.
- **Report Card:** If your child is transferring from another school (K5-12), please include a copy of the most recent current year report card.
- **Admissions Testing:** Students applying for 1<sup>st</sup>-12<sup>th</sup> grade admissions must provide current Stanford 10, California Achievement, EOG, or other standardized testing report. Students applying for preschool or kindergarten do not need to be tested. If the student cannot provide current testing, please understand that these may need to be administered prior to enrollment.
- **Pastor Reference form:** Please provide the enclosed reference form to your pastor and request that he complete and send back to us. This needs to be sent directly to the school from the pastor.
- **Interview:** After completion of these requirements, an interview will be scheduled with the Administrator. It would be best if both parents/guardians could be present for this interview, along with the student/s. The purpose of this interview is to provide you more information on the school, answer any questions, and get to know you and your student better.

Once all of these steps have been completed, you will receive notification of the school's decision.

**\*\*\*Students applying for K3, K4, or K5 will also be given a Medical Report/Kindergarten Health Assessment to return before school begins\*\*\***