



Roxboro Christian Academy

640 Wesleyan Heights Rd. (PO Box 1357)

Roxboro, NC 27573

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

rcaoffice@roxborochristianacademy.com

**\$25 Application Fee
due upon submission

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
_____	_____	_____
_____	_____	_____
_____	_____	_____

****Please submit child's most recent report card with application.**

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

Applied to RCA previously

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 (10th) of the month. After the tenth (10th), 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.

Parent/Guardian Signature

Parent/Guardian Signature

Date

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.



Roxboro Christian Academy

640 Johnson Street, PO Box 1357
Roxboro, NC 27573
(336) 599-0208 Fax# (336) 599-0209
rcaoffice@embargmail.com

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 Or Fax the form to 336-599-0209.

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

Thank you,

RCA Administration

Application Process:

1. **Application:** Please fill out the application completely and return to the RCA office along with a \$25 application fee.
2. **Report Card:** If your child is transferring from another school (K5-12), please include a copy of the most recent current year report card.
3. **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.
4. **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. If your child is accepted as a student of Roxboro Christian Academy, you will need to provide the following:

* **Registration Fee** - \$135 to hold your child's spot. Class sizes are limited.

* **Birth Certificate:** For any student in K3-12th grade.

* **Student Medical Immunization Record:** All students applying for K3-12th grade must provide a copy of up-to-date immunization records provided by your physician. K3-K5 must also have your doctor fill out a Medical Form, provided by the RCA Office.

Admissions Testing: Students applying for 1st-12th 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. **Additional fee may apply

You can find more information about Roxboro Christian Academy at:

www.roxborochristianacademy.org – the official website of RCA

The official FaceBook page: Roxboro Christian Academy