

APPLICATION FOR ADMISSION  
RICHMOND PREPARATORY CHRISTIAN ACADEMY

---

Name of Student:				
Last	First	MI	Age	Birthdate (mm/dd/yy)
Student's Home Address (include apartment number)			City	Postal Code
Mother's Name	Occupation & Employer		Work Phone	
Mother's Address (if different from above)	Home Phone	City	Postal Code	
Father's Name	Occupation & Employer		Work Phone	
Father's Address (if different from above)	Home Phone	City	Postal Code	
Persons NOT authorized to see or take the student away from campus:				
○ _____				
○ _____				
○ _____				
○ _____				
Social Security Number of child: _____				

## MEDICAL INFORMATION

Please list any ALLERGIES, HANDICAPS (physical or mental), ILLNESSES, or other SPECIAL MEDICATION NEEDS of the student to be enrolled:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Student's Physician

Phone number

Does your child have Health Insurance Coverage?

YES    NO

If "YES" please list your Insurance Carrier/Provider

Policy Number

Are there MEDICATIONS that your child must take during school hours? If so, please list them below (whether prescription or non,) along with dosage and administration time(s)

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Emergency Contact: *Please list emergency instructions including the name(s) of persons to contact and their phone numbers in case you cannot be reached.*

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

Church Affiliation

○ \_\_\_\_\_

Please rate the following family practices according to their frequency/ regularity in your home:

	Almost Always	Occasionally	Rarely
Prayer at Meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bible Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bible Teaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Prayer (not at meals)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Marital Status of Parents:  Married  Not Married  Separated

Please list names & ages of other children in the household:

Name	Age
_____	_____
_____	_____
_____	_____
_____	_____

Why are you interested in enrolling this student in Richmond Preparatory?

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

ELEMENTARY / JUNIOR HIGH APPLICANTS ONLY

Student's Current or Previous School

Address of School

City

State

Postal Code

This student is applying for admission for which grade level? \_\_\_\_\_

Has the student ever been expelled or otherwise dismissed from school? If yes, please describe in the space below.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Awards or Accolades received at previous school:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PERMISSION TO OBTAIN RECORDS:

I \_\_\_\_\_ the parent / guardian of \_\_\_\_\_  
give permission that Richmond Preparatory Christian Academy obtain the academic records of said minor.

\_\_\_\_\_

JUNIOR KINDERGARTEN APPLICANTS ONLY

Has your child ever been enrolled in pre-school or nursery school? If yes, please list their name and address below

Name

Address

City

State

Postal Code

If the answer above is "yes" why did you opt to change child care providers?

---

---

---

---

# Richmond Preparatory Christian Academy

Contractual Agreement for Grades Kindergarten and Above

This covenant made this \_\_\_\_\_ day of \_\_\_\_\_ in the year of our  
Lord \_\_\_\_\_, between Richmond Preparatory Christian Academy and the Parent(s)/  
Legal Guardian(s) of one minor: \_\_\_\_\_.

*Endorse each Term with your Initials at Left.*

## Witnesseth

- \_\_\_\_\_ I/We, the undersigned parent(s)/legal guardian(s) have read the Richmond Preparatory Christian Academy Philosophy of Academia and enroll the said child in its care in order that it may assist us in the total education of said child.
- \_\_\_\_\_ I/We pledge to bring all questions and concerns relative to and regarding the Christian Academy to the administrative staff of the institution in order that such questions and concerns might properly be considered.
- \_\_\_\_\_ I/We accept the responsibility of our role as parents to participate in the Parent/ Teacher Fellowship and regularly attend its meetings.
- \_\_\_\_\_ I/We agree to participate in and support fund-raising efforts sponsored by the Academy in order to assist it in fulfilling the school's budget.
- \_\_\_\_\_ I/We acknowledge the right and privilege of Richmond Preparatory Christian Academy and its Board to suspend or expel any student for insubordination or behavior which is dysfunctional in the unique Academy environment.
- \_\_\_\_\_ I/We have reviewed and do accept the payment schedule and terms of the Academy.
- \_\_\_\_\_ I/We acknowledge that tuition must be paid on said due date. If tuition is 30 days past due, your child will automatically be terminated from the program.
- \_\_\_\_\_ I/We acknowledge that this covenant between me/(us) and the Richmond Preparatory Christian Academy is a contract that shall be enforced for the entire period of one school year without regard for my child's status in the school, or their removal from it except in these cases (with administrative approval):
1. Death of Student or Parent
  2. Long distance relocation to another county or state.

This School Contract represents the entire agreement between the parties hereto and cannot be changed or modified except by writing executed by the parties hereto:

Witness the Following Signature & Seals:

Parent / Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Parent / Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Authorized Agent of Richmond Preparatory Christian Academy \_\_\_\_\_ Date \_\_\_\_\_

*A photo-copy shall be issued by mail pending acceptance into the Academy & contract signature(s) from proper administrative personnel.*