

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?
