



2010 Middle River Loop  
Fayetteville, NC 28312  
Phone - 910.323.4026  
Fax - 910.323.2843  
[www.rcanc.us](http://www.rcanc.us)

Dr. Lin Wheeler, Superintendent

### K-12 Student Application

#### Student Information (Please Print):

Applying for grade \_\_\_\_\_ for the 2022 – 2023 school year. Date: \_\_\_\_\_

Student's Full Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Last First Middle Preferred Name  
Number & Street City & State Zip Code

Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Male:  Female:

Ethnicity: African-American:  Caucasian:  Native American:   
Hispanic:  Other:

#### Family Information:

Mother/Guardian's Full Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
Number & Street City & State Zip Code

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Employer's Address: \_\_\_\_\_  
Number & Street City & State Zip Code

Father/Guardian's Full Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
Number & Street City & State Zip Code

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Employer's Address: \_\_\_\_\_  
Number & Street City & State Zip Code

Parents Marital Status: Married:  Divorced:  Separated:  Widowed:  Single:

Student lives with: Both Parents:  Mother:  Father:  Other:

Legal Custody of Student is: Joint:  Mother:  Father:  Other:

*If Applicable: Please provide legal custodial documentation.*

Does Other Parent have Visitation Rights? Yes:  No:  N/A:

**Siblings:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School Attending: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School Attending: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School Attending: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School Attending: \_\_\_\_\_

**Emergency Contact (Other than parents):**

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

**Student Allergies:**

Does your child have any allergies to food, medications, latex, etc.? If so, please list below:

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

**Church Affiliation & Denomination:**

Name of Church attending: \_\_\_\_\_ City: \_\_\_\_\_  
Denomination: \_\_\_\_\_

**Educational Information:**

Student's Current School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Registrar/Principal: \_\_\_\_\_

- \*Has your child ever applied to RCA or attended RCA: Yes:  No:
- \*Has your child ever been retained? Yes:  If Yes, Grade Level? \_\_\_\_\_ No:
- \*Has your child ever been placed on academic probation? Yes:  No:
- \*Has your child ever been suspended? Yes:  No:
- \*Has your child ever been asked to withdraw from school? Yes:  No:
- \*Has your child ever been tested, diagnosed or evaluated for:
  - Giftedness Yes:  If Yes, Math, Reading or Both: \_\_\_\_\_ No:
  - Learning disability, reading difficulty: Yes:  No:
  - Attention Deficit Disorder, Hyperactivity: Yes:  No:
- \*Does your child have an I.E.P.? Yes:  If Yes, please provide a copy! \_\_\_\_\_ No:

By signing this form, I certify that I have read and understand all of the information on this application and the information I have provided is accurate (Requires both parents signature):

Mother/Guardian Signature	Printed Name	Date
Father/Guardian Signature	Printed Name	Date

Please share how you heard of RCA: \_\_\_\_\_

*\*Riverside Christian Academy admits students of any race, color, national and ethnic origins and to all of the rights, privileges, programs, and activities generally accorded or made available to students at RCA. RCA does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admission policies, athletic and/or other school administered programs.*



# School Year 2022 - 2023

## RCA Tuition, Fee and Discount Information



**Tuition:**

Grade Level	Application Fee	Monthly Tuition	Student Resource	Special Needs Cost
PK3 - PK4	\$100.00	\$635.00 (12 Months)	\$250.00 (Due June 1st)	
K5 - 8th	\$150.00	\$555.00 (10 Months)	\$350.00 (Due June 1st)	\$800.00 Monthly (Optional)
9th - 12th	\$150.00	\$585.00 (10 Months)	\$350.00 (Due June 1st)	\$800.00 Monthly (Optional)

**Tuition Discount:**

1st Student Full Pay	2nd Student 15% Discount	3rd Student 30% Discount
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**Additional Fees as Applicable:**

Graduation	Athletic Fee	Field Trip	Junior/Senior	Club Fees
PK4 - K5 \$10.00	\$75.00 (Per Season)	Determined As Needed	\$75.00	Determined By Membership

**Tuition Payments:**

Tuition payments are due beginning the first month student is enrolled and continues monthly until the respective year ends.

Example:

K - 12 - Payments begin August and continue through May

PK3 - PK4 - Payments begin upon enrollment and are made year-round

**Tuition can be paid by check, cash, debit/credit. There will be an upcharge added to any payment made by debit or credit.**

Tuition payments are due on the 1st of each month but no later than the 10th of each month.

**A late fee of \$25.00 will be assessed if payments is not received by the 10th of each month.**

Please list students:

Name:	Entering Grade:
Name:	Entering Grade:
Name:	Entering Grade:
Name:	Entering Grade:

Should any changes occur that will change the discount, the parent/guardian is responsible for notifying the school office/Superintendent in a timely manner. I understand there will be no reduction in tuition fees due to holiday closings, vacations, absences, inclement weather or COVID. In the event your child must be withdrawn from our program, a written one month tuition payment will be due.



2010 Middle River Loop, Fayetteville, NC 28312  
 (910) 323-8016—RCA Office (910) 323-2843—Fax  
[www.rca.org](http://www.rca.org)

### Confidential Pastor/Character Reference Recommendation

Dear Parent or Guardian: Complete the following information and give this form to your pastor/community leader.

Student: \_\_\_\_\_ Grade Applying \_\_\_\_\_

My son/daughter is applying for admission to Riverside Christian Academy. I would appreciate your completion of this form and returning it to the school office at Riverside Christian Academy.

Date: \_\_\_\_\_ Signature of Parent \_\_\_\_\_

Name of Church \_\_\_\_\_ Name of Pastor/Community Leader \_\_\_\_\_  
 (If applicable) City: \_\_\_\_\_

**Dear Pastor/Community Leader:**

The above named student has applied for admission at Riverside Christian Academy. We would greatly appreciate you taking your time to complete this reference form for the student above.

- How well do you know the family?**
- just by name & sight
  - very well, close relationship
  - fairly well, numerous personal contacts
  - casually, a few contacts

- Please rate the family's church involvement: (if applicable)**
- enthusiastically involved
  - attends but not very involved
  - seldom attends
  - attends and is regularly involved

**Does the family display the attitudes you would expect in a Christian?**  Yes  No  Sometimes  Not Sure

**Do the parents demonstrate a strong interest in the spiritual and moral development of the child?**  
 Yes  No  Sometimes  Not Sure

Student's involvement:	Excellent	Above Average	Average	Below Average	Unknown
Active in Church & Church Activities:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Integrity:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Control:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude towards Authority:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friendships:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Has the student made a Profession of Faith:**  Yes  No  Unknown

**Does the student display the attitudes you would expect in a Christian?**  Yes  No  Sometimes

**Based on the knowledge you have of the child and the family, would you consider them compatible with a Christian school environment?**  Yes  No  Not Sure

Pastor/Community Leader Signature \_\_\_\_\_ Date \_\_\_\_\_



**Riverside Christian Academy**  
**CONFIDENTIAL ELEMENTARY**  
**EVALUATION**  
**Grades 1<sup>ST</sup> -5<sup>TH</sup>**

**To the Classroom Teacher:**

The student named below is a candidate for admission to RCA. Please return this evaluation within one week to: RCA Admissions Office, 2010 Middle River Loop, Fayetteville, NC 28312. Thank you for taking time to complete this evaluation. All information will be considered strictly confidential.

Name of applicant \_\_\_\_\_  
 Candidate for grade \_\_\_\_\_

Please check all that apply to this student:

**Work Habits**

- Well organized and efficient
- Usually prepared
- Needs some prodding
- Disorganized – cannot find supplies, etc.
- Has trouble starting or completing tasks
- Completes assignments on time

**Reading Mechanics**

- Has strong phonic analysis skills to decode unknown words
- Has weak phonic analysis skills – can't blend sounds to decode unknown words
- Has speech impairment
- Doesn't know names and sounds of letters
- Knows sight words
- Memorizes well

**Reading Ability**

- Reads material well above grade level
- Reads material above grade level
- Reads material at grade level
- Reads material below grade level
- Reads voraciously
- Is discriminating reader
- Has adequate skills but little enthusiasm
- Reads only under pressure

**Reading Comprehension**

- Has no trouble understanding what was read
- Has some difficulty understanding what was read
- Reading is nonfluent and doesn't comprehend what was read
- Uses context clues to understand what was read
- Unable to use context clues to understand what was read

**Writing Ability**

- Can organize and express original ideas well
- Presents adequate and readable prose
- Is perceptive but grammar skills are weak (spelling and punctuation)
- Unimaginative and unskilled
- Can verbalize ideas but seems to lose ideas when required to write them
- Fine motor skills are age appropriate
- Legible handwriting
- Illegible handwriting

**Mathematical Setting**

- Whole class instruction
- Whole class instruction with concept skill groups
- Integrated with whole language
- Homogeneous grouping across grade level

**Math Ability**

- Learns through manipulative and visual reinforcement
- Attempts to understand ideas instead of merely memorizing
- Recognizes relationships in verbal problems
- Applies mathematical skills and strategies to new situations
- Has a positive attitude toward mathematics
- Learns math facts easily
- Struggles/difficulty retaining math facts

**Creativity**

- Highly imaginative and innovative
- Able to understand and appreciate new ideas
- Concrete and very literal

**Industry and Motivation**

- Is purposeful, ambitious, and resolute
- Is conscientious but uninspired
- Is distractible and unable to sustain focus to tasks
- Has fluctuating levels of performance

**Intellectual Curiosity**

- Interested in many areas
- Interested in one or two areas
- Needs to be highly motivated to engage in academic areas

**Modifications Used**

- Extended time for testing
- Scribe for testing
- Tape recorder
- Shortened assignments
- Oral reader for tests
- Organizational/behavioral contracts

**Respect for Authority**

- Is conscientious about rules
- Is courteous but independent
- Resents authority but usually obeys
- Is disrespectful and even hostile
- Is demanding of teacher's time
- Requires constant attention and approval

**Integrity**

- Is always reliable and trustworthy
- Is usually dependable
- Needs occasional watching
- Is unreliable and untrustworthy

**Personality**

- Outgoing and eager
- Friendly but quiet and modest
- Somewhat shy
- Lethargic, sluggish
- Serious Minded
- Only child in family
- Shares with others

**Sense of Humor**

- Wholesome and refreshing
- Wry but not infectious
- Laughs but not at appropriate times
- Responsive
- Perverse, cynical and unwholesome

**Sensitivity**

- Goes out of way to help others
- Is respectful of others' rights
- Seems unaware of others' rights and feelings
- Is boorish and self-centered

**Has this student been referred/tested?**

**If yes, please explain:**

\_\_\_\_\_

**Circle the words that best describe this applicant.**

**Parental support and involvement:**

Very Helpful  Helpful  Not very Helpful

**Has the curriculum been adjusted or modified to suit the needs of the student? Yes \_\_\_\_\_ No \_\_\_\_\_**

**Has the applicant been suspended or dismissed from your school? Yes \_\_\_\_\_ No \_\_\_\_\_**

**What do you feel is the greatest strength of this applicant?**

**What do you feel is the greatest weakness of this applicant?** \_\_\_\_\_

**Would you recommend this applicant for admission to Riverside Christian Academy?**

- Strongly Recommend  Recommend
- Recommend with reservation
- Do not recommend for admission

**Additional comments: Please feel free to provide any information you feel will guide us. Feel free to use the back of the paper. Thank you for your time and cooperation.**

**Name of Teacher** \_\_\_\_\_

**Date** \_\_\_\_\_

**Position** \_\_\_\_\_

**I have been teaching for** \_\_\_\_\_ **years**

**Name of School** \_\_\_\_\_

**Address of School**  
\_\_\_\_\_

**City** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Parents:**

**I/We hereby authorize release of requested information to complete the admission process at NRCA. I/We understand this becomes part of my student's application file.**

**Signature of parent/guardian**

**Date** \_\_\_\_\_



**Riverside Christian Academy**  
**CONFIDENTIAL STUDENT**  
**RECOMMENDATION**  
**Grades 6<sup>TH</sup>-12<sup>TH</sup>**

**To the current Math or English teacher:**

The student named below is a candidate for admission to RCA. *Please return this evaluation within one week to: RCA Admissions Office, 2010 Middle River Loop, Fayetteville, NC 28312.* Thank you for taking time to complete this evaluation. All information will be considered strictly confidential.

Name of applicant \_\_\_\_\_  
 Candidate for grade \_\_\_\_\_

**Please mark all that apply for this applicant:**

- \_\_\_\_ Excellent
- \_\_\_\_ Above
- \_\_\_\_ Average Average
- \_\_\_\_ Below Average
- \_\_\_\_ No Basis for Judgment
- \_\_\_\_ Participates in classroom discussions
- \_\_\_\_ Asks pertinent questions
- \_\_\_\_ Thinks through a process before acting
- \_\_\_\_ Is attentive when others speak
- \_\_\_\_ Completes assignments on time
- \_\_\_\_ Prepares neat and well-organized assignments
- \_\_\_\_ Is interested in going beyond the lesson
- \_\_\_\_ Works at a level consistent with ability
- \_\_\_\_ Has a positive attitude
- \_\_\_\_ Is self-motivated and purposeful
- \_\_\_\_ Cooperates
- \_\_\_\_ Exhibits leadership skills
- \_\_\_\_ Gets along with peers
- \_\_\_\_ Respects authority
- \_\_\_\_ Exhibits emotional stability
- \_\_\_\_ Demonstrates organization
- \_\_\_\_ Presents original ideas well
- \_\_\_\_ Is reliable and trustworthy
- \_\_\_\_ Is dependable

**Has the curriculum been adjusted or modified to suit the needs of the student? Yes \_\_\_\_\_ No \_\_\_\_\_**

**What are the first words that come to mind to describe this student?** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**What is the greatest strength of this student?**  
 \_\_\_\_\_  
 \_\_\_\_\_

**What is the greatest weakness of this student?**  
 \_\_\_\_\_  
 \_\_\_\_\_

**I recommend this student for admission to RCA:**

- \_\_\_\_ enthusiastically    \_\_\_\_ strongly
- \_\_\_\_ fairly strongly    \_\_\_\_ with reservation
- \_\_\_\_ do not recommend

Name of Teacher \_\_\_\_\_  
 Date \_\_\_\_\_  
 Subject \_\_\_\_\_  
 Name of School \_\_\_\_\_  
 Address \_\_\_\_\_  
 Zip Code \_\_\_\_\_ Work #: \_\_\_\_\_

Additional Comments: Please provide any additional information you feel will guide us. Feel free to use the back of this paper. Thank you for your time and cooperation.

Parents:

I/We hereby authorize release of requested information to complete the admission process at RCA. I/We understand this becomes part of my student's application file.

Signature of parent/guardian

Date \_\_\_\_\_



# Physician's School Medication Form

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

The above named person is a patient of mine and is currently under my medical care. Due to a medical condition the medication listed below needs to be (given, taken, injected) during regular school days according to the following protocol:

Medication: \_\_\_\_\_

Time to be given: \_\_\_\_\_

Direction for administering medication: \_\_\_\_\_

If an emergency situation occurs during the school day, or if the pupil becomes ill, school officials are to:

- a. Contact me at my office: \_\_\_\_\_
- b. Take child immediately to the emergency room at: \_\_\_\_\_
- c. Other Option: \_\_\_\_\_

The medication for this pupil from me will be properly labeled and will carry my name as the prescribing physician.

\_\_\_\_\_ Date \_\_\_\_\_ Physician's Signature

## RELEASE OF LIABILITY FORM

I, \_\_\_\_\_, the parent and/or legal guardian of \_\_\_\_\_, enrolled at RCA importance of administering medication to my child as prescribed by the child's physician, do hereby agree to relieve designated school personnel of any liability from any potential ill effects as a result of their injecting or giving my child medication prescribed by the child's physician, I have discussed this with my physician and/or legal counsel (lawyer) and realize its ramifications and thoroughly understand the meanings of these statements. I consent for the medical provider to disclose health or medical information regarding medication prescribed. I understand that I may revoke this consent at any time, except to the extent action has been taken in reliance on it. This consent is valid until I revoke it in writing or for the term of the school year \_\_\_\_\_.

\_\_\_\_\_ Parent or Guardian's Signature \_\_\_\_\_ Date

\_\_\_\_\_ Principal's Signature \_\_\_\_\_ Date

## FOR SCHOOL USE ONLY

Date Physician's School Medication Form Expires: \_\_\_\_\_

Please be reminded, form will expire one (1) year from date of physicians' signature.