



ROSS CORNERS CHRISTIAN ACADEMY

2101 Owego Road, Vestal, NY 13850

Phone/Fax: (607) 748-3301

**K-12 New Student Application
2022-2023 School Year**

Office Use Only:

Date Received: _____	Deposit Amount: _____	\$100 Registration Fee (non-refundable)
	Cash / Check #: _____	

Student Information:

Last Name: _____	First Name: _____	Middle Initial: _____
Goes By: _____	M / F (circle)	Birthdate: ____/____/____
Race: _____	Present Grade: _____	Grade applying for: _____
Student E-mail: _____	Student Cell Phone: _____	
Student Address: _____		
Public School District: _____	Will your student ride the bus?* Yes _____ No _____	

*Applications for Public School Busing are due to **your public school district's Transportation Office by April 1st**.
(These forms can be obtained from the school office or on our website)

Applicant (New Student):

Are you willing to work diligently in our academic program? Yes__ No__	Do you desire to attend RCCA? Yes__ No__
Do you attend church regularly? _____	Does your family? _____
Church name & address: _____	
Church Affiliation: _____	
Pastor's Name: _____ Phone: _____	

Family Information:

Father's Last Name: _____	First Name: _____
Street Address: _____	City: _____ State: _____ Zip _____
Cell Phone: _____	Home Phone: _____
Financially Responsible? Yes _____ No _____	Father's E-mail: _____
Place of Employment: _____	Position: _____
Work Phone: _____ Ext. _____	Hours of work: _____
Legal Relationship to Student: _____	Lives with student: Yes _____ No _____

Mother's Last Name: _____	First Name: _____
Street Address: _____	City: _____ State: _____ Zip _____
Cell Phone: _____	Home Phone: _____
Financially Responsible? Yes _____ No _____	Mother's E-mail: _____
Place of Employment: _____	Position: _____
Work Phone: _____ Ext. _____	Hours of work: _____
Legal Relationship to Student: _____	Lives with student: Yes _____ No _____

Emergency Contact Information:

Emergency Contact #1: _____	Relationship to student: _____
Phone Number(s): _____ (in case parent cannot be reached)	
Permission to pick up Student? Yes _____ No _____	
Emergency Contact #2 (optional): _____	Relationship to student: _____
Phone Number(s): _____ (in case parent cannot be reached)	
Permission to pick up Student? Yes _____ No _____	
Please list any additional people who have permission to pick your student: (optional)	
Name: _____	Relationship to student: _____
Phone Number(s): _____	
Name: _____	Relationship to student: _____
Phone Number(s): _____	

Previous School Information:

Please list all schools the student has attended beginning with kindergarten:

Name: _____
 Address: _____
 Years Attended: _____

Name: _____
 Address: _____
 Years Attended: _____

Name: _____
 Address: _____
 Years Attended: _____

Confidential:

Yes No -- Check the appropriate box & provide any explanation necessary

- Is the applicant under the care of a doctor? If so, why? _____
- Does the applicant have any significant physical impairment? If so, what? _____
- Has the applicant been previously hospitalized? If so, for what? _____
- Has the applicant had any operations? If so, what? _____
- Is the applicant **allergic** to anything? If so, what? _____
- Does the applicant have (or had) any major diseases or illness: if so, what? _____

- Has the applicant ever been treated for any nervous, mental, or emotional disorder, or seen a psychologist? If so, explain: _____
- Does the applicant have any physical, emotional, or mental handicaps which may affect activities or Progress in school? If so, explain: _____
- Has the applicant ever used illegal or dangerous drugs? If so, what? _____
- Has the applicant ever used alcoholic beverages or tobacco? Explain _____
- Has the applicant ever been expelled, dropped or suspended by any school? If so, why? _____

- Has any grade been repeated? If yes, which one: _____ Reason: _____

- Has the applicant had or currently have an IEP or 504 plan? (Please choose one) No _____ 504 _____ IEP _____
****If student has a current IEP or 504, please submit in with completed application.**
- Has the applicant received any type of tutoring or therapy? If so, explain _____
- Reason for leaving current school? _____

- Does the applicant exhibit any kind of rebellious attitudes toward parents or others in authority? Please Explain: _____

*If any answer is affirmative, and there is not enough space to explain, please give complete details on a separate sheet of paper. An explanation may also be required from the doctor, principal or court.

PHOTO CONSENT: We grant permission for our child's photograph (of participation in school activities) to be used for school publicity purposes such as on the school website, Facebook page, and any advertising purposes. Please note that no identifiable information will be displayed with the picture so as to protect your child's identity. Photos will be used for the sole purpose of promoting our school and activities. Please check one: Yes No

PARENT VOLUNTEER INFORMATION: RCCA could use your help in many areas. If you are willing to volunteer, please check any areas you would be interested in serving.

- Lunch Counter
- Recess Duty
- Cafeteria Duty
- Basketball Coach/Assistant Coach
- Soccer Coach/Assistant Coach
- Cheerleading Coach/Assistant Coach
- Building Maintenance/Grounds/Custodial
- Other (Please Specify) _____


Do you have any days or times that are better for you to serve?

New Student Application Procedure:

Please submit the following items to the school office:

- Student Application
- \$100 Registration Fee (Per Student)
- Student Recommendation Form #1
- Student Recommendation Form #2
- Signed Statement of Belief & Cooperation
- Current Immunization Record
- Health Examination Form (Filled Out By Physician)
- Medical Health History Form (Filled Out By Parent)
- Final Report Cards From 2 Previous Years
- High School Transcript (9th-12th Grade Students)
- Copy of Birth Certificate

After we have received these items, we will set up an appointment for you to interview with our School Administrator. Once a student receives an invitation to enroll, they may be scheduled for academic placement testing. School ability level, instructional reading level, achievement scores and grades from previous years will help determine grade placement. Tuition payments will then be set up by our financial office and through FACTS Management Tuition.

	<u>K -12th Grade</u>		
	<u>Annually</u>	<u>Monthly</u> (10-month plan) (Sept 1-June 30)	<u>Monthly</u> (12-month plan) (July 1-June 30)
K	\$4,300	\$430/mo.	\$359/mo.
Grades 1-6	\$4,960	\$496/mo.	\$414/mo.
Grades 7-12	\$5,380	\$538/mo.	\$449/mo.

Additional Fees

K-12 Textbook Fee \$175 per student annually paid before Sept.1, 2022 (Family max of \$500)

Sports Program Fee \$50 per sport (\$50 Soccer; \$50 Basketball; \$50 Cheerleading)

Aftercare Program (2:30pm-6:00pm)

PreK-6th Grade \$15.00 / Day per student (Added monthly to FACTS account)

RC Christian Academy, Inc. admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered events.

Force Majeure: If acts of God or government authorities, acts of terrorism in the U.S, natural disasters, pandemic, or other emergencies beyond RCCA's reasonable control to make it illegal or impossible for such party to perform its obligations under this Agreement, RCCA may terminate this Agreement upon written notice to the other party without liability. Force Majeure has occurred that would allow termination without liability.

Please visit rccarams.org or call 607-748-3301 for more information.