

River Valley Christian Academy
 351 Rte. 105, Nackawic, NB E6G 1T9
 Ph.(506)575-1010 Fax(506)575-1040
 Email rvca@nb.aibn.com
www.rivervalleychristianacademy.com

Student Information

Please type or print

* All applications require the appropriate Registration Fee, non-refundable after May 1st (see school fees)

* Current Vaccination Records required at time of Registration

Date of application: _____ Applying for Grade: _____ Male: _____ Female: _____ School Year: _____

Student's Name: _____ (Last) (First) (Middle) Nickname: _____

Mailing Address: _____ (Street) (City) (Province) (Postal Code)

Home Phone: _____ Cell # Mother _____, Cell # Father: _____ *Date of Birth: ____/____/____
 Mo./Day/Year

Mother's email address _____ Father's email address _____

Medicare Number: _____ Child's rank in family (please circle): 1st child, 2nd child, 3rd child, 4th child, 5th child

Name of Family Physician: _____ Phone Number: _____ Contact Person : _____ Phone: _____

Family Information

	Last Name	First Name	Living with? Father/Mother/Both	Church	Attendance Regular/Seldom/Never
Father					
Mother					
Guardian					

Siblings

Name	Age	Name	Age	Name	Age

Employment

	Place of Employment	Business Address	Business Phone
Father			
Mother			
Guardian			

Grandparents

Names	Address	Phone Number

How were you referred to RVCA? _____

- **A Birth Certificate and Current Vaccination record must accompany all new applicants applying to attend RVCA**

Parent Agreement

The purpose of the Academy works best when there is an understanding and cooperation between the parents and the school. Therefore, it is important that each parent read the following statement carefully and indicates his / her agreement. No student shall be accepted into the Academy unless his / her parent(s) sign, without any reservation, the agreement written below:

- < River Valley Christian Academy reserves the right to refuse any application at any time if it should decide the applicant could not succeed in the program offered at the school.
- < I have read the Statement of Faith and the Philosophy of Education and am in full agreement to RVCA's right to uphold and promote the Statement of Faith and Philosophy of Education as stated.
- < Upon favorable acceptance of the student making application, I hereby agree to accept all rules and regulations of the Academy.
- < I understand that attendance at this Academy is a privilege, not a right. I understand that the Academy reserves the right to dismiss any student who fails to comply with the established regulations, standards of conduct and discipline or whose financial obligation remains unpaid after the due date.
- < I understand that the standards of River Valley Christian Academy do not tolerate profanity, obscenity in word or in action, dishonor of the Holy Trinity and the Word of God, disrespect to the personnel of the Academy or continued disobedience to the established policies of the Academy.
- < I agree to uphold and support the academic standards of the Academy by providing a place at home for my child to study and to give my child encouragement in the completion of homework and assignments.
- < I agree to support the spiritual, academic, moral, dress, and discipline standards of River Valley Christian Academy as set forth in policy by the Administration.
- < I understand that a student who persists in unacceptable conduct will not be permitted to remain in the classroom and / or at this Academy.

Financial Obligations to RVCA

- < I hereby pledge that I will pay my financial obligations to River Valley Christian Academy on the dates due and in accordance to the financial policies of the Academy. Monthly tuition payments are late after the 10th of each month and will automatically be assessed a \$10.00 late fee and notification will be sent. If the tuition is not received by the 20th of that month, a letter will be sent to inform the parent(s) that tuition must be paid in ten days or the parents will be required to meet with two board members. Ten days following the meeting, if the account is still arrear, or no arrangements have been made to address the account arrear then the child(ren) will be withdrawn from the school. Failure to meet financial obligations regarding tuition will result in report cards being withheld. I understand if these obligations are not met during the school year, a report card will NOT be issued until all financial obligations are paid in full.
- < I declare that no outstanding tuition or money is owing at any other private school.
- < I will give active support to the Academy program in every way possible, and make a sincere effort to attend Academy meetings, parent / teacher meetings, and other Academy functions to which parents are invited.
- < I understand that the Academy is an extension of the family and the parent and teacher are co-workers in the child's education. I will contact the teacher first and discuss the areas of concern to resolve disputes before discussing the problem with others. I will encourage and support my child's teacher rather than spread criticism or keep a negative attitude.
- < I agree to permit reasonable use of photos and videos or other pictures of my child / our child in promoting the school or school activities and programs.

We have read the River Valley Christian Academy Statement of Faith and Philosophy of Education and are in full agreement to RVCA's right to teach, uphold and promote the Academy's Statement of Faith and Philosophy of Education to my / our child. Application & Book Fee enclosed:

- Junior Kindergarten Application & Book Fee: \$ _____ (Refundable only if all positions are full and we are unable to place your child in the program or before May 1st)
- Kindergarten - Grade 8 Application & Book Fee: \$ _____ (Refundable only if all positions are full and we are unable to place your child in the program or before May 1st)

Father / Guardian's Signature

Date

Mother / Guardian's Signature

Date

Once the application with the registration fee is received, you may be contacted for an interview with an RVCA Administration Personnel at their discretion

Please note:

If you are a New Student to RVCA please complete the following two pages.

If you are a Retuning Student the follow two pages do not need to be completed.

Thank you

Academic Information

School last attended:

(Name)

(Address)

Grades completed at the last school listed above: _____

Has your child ever had any serious discipline problems at school? _____ Yes _____ No *If yes, please explain below:

Has she / he ever repeated a grade? _____ Yes _____ No *If yes, please explain below:

Are there any special accommodations your child might require? _____ Yes _____ No *If yes, please explain:

Please list your child's strengths: _____

Please list any learning problems or difficulties: _____

What goals do you have for your child? _____

Please state in detail why you want your child to attend River Valley Christian Academy? _____

*Please include a copy of your child's most recent report card.

All application information is kept confidential.

Medical Information Form

Student's Name: _____ Grade / Teacher _____

Medicare No.: _____ Student's Weight: _____ Height: _____

Parents Names and Work / Daytime Phone Numbers: _____

Child's Family Doctor (and/or Specialist): _____ Doctor's Phone No.: _____

Please list any allergies your child may have (please specify any food allergies clearly):

Does your child require an EpiPen or another allergy medication? _____

Does your child require any daily or occasional medication(s)? If yes, please specify amounts and dosage below:

Are there any other medical conditions RVCA should be aware of? _____

Medicinal Consent Form

(Only required of students taking daily / regular medication at school)

I (Parent's Name) _____ give (Teacher's / Principal's Name) _____

Permission to administer this medication (name of medication) _____

to my child (Child's Name) _____. My child requires this medication in the following manner:

(Dosage) _____, (Time) _____, (Specify how often) _____.

I realize the teacher is not to blame should my child have a reaction from this medication.

(Parent's Signature) _____ (Date)