

Application and Process



The RBCS Admission process is as follows:

Step 1. Complete the application forms and return to Main Business Office in Niceville or to Central Baptist Church for acceptance and processing.

- _____ Admission Application
- _____ Kindergarten Questionnaire
- _____ Pastoral Reference - submit to church
- _____ VPK Eligibility Certificate

Step 2. Application Reviewed

Once all the above mentioned documents are received, the application will be sent to the Elementary Principal for review and acceptance.

Step 3. Acceptance Letter Sent

Please contact the Business Office at 678-7358, x241 to set up an appointment for payment arrangements if student will be attending all day K4.

- _____ Enrollment Fee (\$150) – paid only if student is attending all day K4

Step 4. Please submit the following documents before the student attends school.

- _____ **Copy of Student's Official Birth Certificate**
- _____ **Copy of Student's Social Security Card**
- _____ **Florida DH Form 680 - Immunizations**
- _____ **Florida DH Form 3040 - Student Health Exam** or an out-of-state Health Exam within the last year

If you have any questions regarding any of the above mentioned steps, please contact RBCS Main Campus in Niceville at 678-7358, x241 or x244.

Admission Application



Rocky Bayou Christian School

2101 N. Partin Drive, Niceville, Florida 32578
(850) 678-7358/FAX 729-2513
www.rbc.org

A ministry of the Northwest Florida Christian Education Association (NFCEA)
Accredited by the Florida Association of Christian Colleges and Schools (FACCS)
and the National Institute of Learning Disabilities (NILD)
Member of the Association of Christian Schools International (ACSI)

Academic Year 2009-2010

**Attach
Picture**

Student's Last Name _____ [] Male [] Female

First Name _____ MI _____ Nick Name _____

Student's Social Security Number _____ Date of Birth _____

***If filing for the John McKay Scholarship, we need SS# of parent filing.** _____

Has student ever attended RBCS before? [] No [] Yes If Yes, when? _____

Niceville Campus: K3 K4 K5 1 2 3 4 5 6 7 8 9 10 11 12
(Check all that apply)
[] Traditional Class []* Special Services (TD & T3) [] Home Study Assistance Program (HSAP)
[] K4 - VPK AM (8-11:30am) [] K4 - VPK (All Day)

Crestview Campus: [] K4 - VPK AM (8-11:30am) [] K4 - VPK (All Day) _____

Last School Attended _____ Grade Completed _____

Reason for leaving last school: [] Family Relocated [] Suspended [] Expelled [] Other _____

Names of siblings attending or applying to RBCS:

ID# _____ Name (enrolled or applying) _____ Grade _____

ID# _____ Name (enrolled or applying) _____ Grade _____

ID# _____ Name (enrolled or applying) _____ Grade _____

ID# _____ Name (enrolled or applying) _____ Grade _____

ID# _____ Name (enrolled or applying) _____ Grade _____

Check all that apply:

Students: [] Father is deceased [] Mother is deceased
[] Parents are divorced (primary care-giver _____)
[] Parents are separated (Legal custodian _____)
[] Parents are divorced (Legal custodian _____)

Student lives with: [] Father and Mother [] Father [] Mother [] Stepfather [] Stepmother
[] Grandparents [] Legal Guardian

Send RBCS correspondence to: [] Both Parents [] Father [] Mother [] Stepfather [] Stepmother
[] Grandparents [] Legal Guardian

Student Name _____ Grade Applying for: _____

Parent #1

(primary legal custodian and lives with)

Check one:

- Father Mother Stepfather Stepmother
 Legal Guardian Grandfather Grandmother

Last Name _____ First Name _____ MI _____

Address _____ City/State/Zip _____

Name of Local Church _____ Member? Yes No

Employer _____ Occupation _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address _____

Parent #2

Check one:

- Father Mother Stepfather Stepmother
 Legal Guardian Grandfather Grandmother

Last Name _____ First Name _____ MI _____

Address _____ City/State/Zip _____

Name of Local Church _____ Member? Yes No

Employer _____ Occupation _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address _____

Other:

Check one:

- Father Mother Stepmother Stepfather
 Legal Guardian Grandfather Grandmother Other

Last Name _____ First Name _____ MI _____

Address _____ City/State/Zip _____

Name of Local Church _____ Member? Yes No

Employer _____ Occupation _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address _____

Office Use Only

Family ID# _____

Application Fee & Check # _____

Start Date _____

Amount Received \$ _____

Check Number _____

Date Received _____

Name _____ Placed _____ Bus _____ Scholarship _____

Name _____ Placed _____ Bus _____ Scholarship _____

Name _____ Placed _____ Bus _____ Scholarship _____

Name _____ Placed _____ Bus _____ Scholarship _____

Name _____ Placed _____ Bus _____ Scholarship _____

Student Name: _____ Grade applying for: _____

Emergency Information

Medical Alert: [] Yes [] No

If Yes, identify: _____

Known Allergies _____

Medications currently being taken _____

RBCS staff is authorized to apply/administer the following first aid/medications (please check):

- | | |
|---|--|
| <input type="checkbox"/> Acetaminophen (Tylenol) | <input type="checkbox"/> Antacid Tablets (Rolaids/Tums) |
| <input type="checkbox"/> Aspirin (given only at Parent request) | <input type="checkbox"/> Stomach Relief (Pepto Bismol) |
| <input type="checkbox"/> Cough Syrup (Robitussin) | <input type="checkbox"/> Hydrogen Peroxide |
| <input type="checkbox"/> Ibuprofen (Advil) (given only at Parent request) | <input type="checkbox"/> Caladryl |
| <input type="checkbox"/> Melaleuca Oil | <input type="checkbox"/> First Aid Ointment/Gel |
| <input type="checkbox"/> Visine (eye drops) | <input type="checkbox"/> Benadryl |
| | <input type="checkbox"/> Antibiotic Ointment (Neosporin) |

Local Emergency Contact: Other than Parent

1. _____ Phone number(s) _____

2. _____ Phone number(s) _____

Pick-up Authorization:

Persons **AUTHORIZED** to pick up student:

1. _____ Phone number(s) _____

2. _____ Phone number(s) _____

3. _____ Phone number(s) _____

Persons **NOT AUTHORIZED** to pick up student: _____

Please explain and provide legal documentation. _____

How did you hear about RBCS? [] Website [] Referred by _____
[] Newspaper [] Radio
[] Yellow Pages [] Other

Student Name: _____ Grade applying for: _____

STATEMENT OF COOPERATION

1. I certify that the information I have given on this form is correct.
2. I understand that intentionally providing false information is grounds for dismissal.
3. I pledge my full cooperation to RBCS in the education, training, and discipline of my child(ren) in accordance with the RBCS Statement of Faith and Summary of the RBCS Philosophy of Christian Education.
4. I give RBCS permission for my child(ren) to take part in all school activities, including bus trips, sports activities, water related activities, and school-sponsored trips away from the school premises.
5. I understand RBCS expects students to conduct themselves in conformity to scriptural standards and will base its disciplinary methods, to include use of "the rod of correction" (corporal punishment) upon biblical principles (Proverbs. 13:24, 22:15, 23:13; Heb 12:4-11).
6. RBCS reserves the right to suspend or dismiss any student who fails to meet academic or behavioral standards.
7. Should I take any legal action against RBCS or any employee or agent thereof on behalf of my child or myself individually, and there is a judgment in favor of the school or its agent, I agree to pay any attorney fees, court fees, damages or other costs that RBCS or its agent should incur to defend itself against such action.
8. I give RBCS permission **to photograph or videotape** my child, understanding that it may be used for RBCS promotional purposes and for use on our website.
9. If problems arise regarding my child's education, I will discuss matters directly with my child's teacher(s) and/or the administration. I will attempt to resolve such matters in a manner consistent with Christian behavior.
10. I understand that full cooperation of the home in the education of the whole child is expected. That includes oversight of assigned homework and keeping in regular contact with my child's teachers. Habitual failure on my part to cooperate with the school in this area could be grounds for dismissal of the student.
11. I agree to accept the responsibility of obeying the rules and regulations by which the school is operated and to support the Christian principles for which it stands.

Note any exception: _____

Parent or Guardian Printed Name

Parent or Guardian Signature

Date

Rocky Bayou Christian School does not discriminate on the basis of race, color, or ethnicity in the admissions of students per USC 2000d.

Kindergarten Questionnaire



Preschool and Kindergarten

Student's Name: _____

Date of Birth: / /
Mo Day Yr

Circle Class Requested: **K3** **K4** **K5**

I would evaluate my child's present academic development as follows:

Alphabet

- Knows ABC's in isolation.
- Knows a few letters.
- Does not know any letters.

Phonics

- Knows all alphabet phonics sounds.
- Knows a few phonics sounds.
- No exposure to phonics.

Writing

- Knows how to print his/her name.
- Can print all upper/lower case letters
- Knows how to print a few letters.
- No exposure to writing skills.

Reading

- Knows how to read sentences.
- Can read one syllable words.
- No exposure to reading.

Math

Counts by: One's to _____ Two's to _____ Five's to _____ Ten's to _____

Recognizes numbers to _____ Writes numbers to _____

I would describe my child's general personality as follows:

I would like the teacher to know the following about my child:

I chose the RBCS Kindergarten for my child because:

Parent's Signature

Print Name

Date

Pastoral Reference



- Applicants for admission to RBCS need this reference, signed by ***the pastor, youth pastor, or a pastoral staff member***, as part of the student's application package.
- The information you provide will be held in strictest confidence.
- Please return the completed reference to RBCS either by the parent or by mail to the address below. We greatly appreciate your cooperation. **Rocky Bayou Christian School, Admissions, 2101 N. Partin Drive, Niceville, Florida 32578**

Applicant's Name _____ Date _____

Family's Name _____

1. How long have you known the applicant? _____

2. How long has the applicant attended your church? _____

Please respond to each question with: (Y) Yes (N) No (NS) Not sure

3. Does the applicant's family attend regularly? _____

4. Are they members of your church? _____

5. Are they committed to spiritual growth? _____

6. Does the applicant display an obedient and honoring attitude toward his/her parents? _____

7. Is the applicant a member of your church? _____

8. Is the applicant involved in youth activities? _____

9. Do you feel that the applicant has accepted Jesus Christ as personal Savior? _____

10. Is there an apparent desire to grow spiritually? _____

11. Would this applicant provide positive Christian influence in school? _____

I have the following comments that I believe would be helpful to you in making a final determination in your application process. _____

Pastor's Signature _____ Date _____

Printed Name _____ Position: _____

Church Name and Address _____
