

Academy School Application Process



Admission to RBCS is based on the following:

- *Prior academic and behavioral performance*
- *Standardized test scores (CAT, Stanford-10, PSAT, ACT, SAT, or other accepted test)*
- *Pastoral, School, and Student References*
- *Family Interview with the School Principal, if applicable*

Step 1. Complete forms and Return to Business Office for Processing

- _____ Admission Application
- _____ Student Information form
- _____ Academy Questionnaire – student fills out
- _____ Pastoral Reference - submit to church
- _____ School Reference - submit to school
- _____ Student Recommendation – submit to teacher
- _____ Grade Placement testing needed or copy of (Stanford 10, PSAT, ACT, or SAT).
- _____ Grade Placement testing fee \$25 (* See form)
- _____ Records Request – parent signature needed
- _____ Copy of transcript or most recent report card
- _____ Application fee (\$30)
- _____ Other documents if applicable
- _____ Copy of IEP and diagnostic testing
- _____ Financial Aid RBCS application and filed financial assessment with FACTS Management
- _____ Children First Florida or McKay Scholarship approval letter
- _____ Ministerial Scholarship application
- _____ VPK Certification

Step 2. Grade Placement Testing

Your student will be given the California Achievement Test (C.A.T.), **unless** he or she has a current copy of the following tests (CAT, Stanford 10, PSAT, ACT, or SAT).

Step 3. Application Reviewed

Once all the above mentioned documents are received, all the application documents will be sent to the Admissions Committee.

Step 4. Decision - Applicant will be notified of one of the following:

1. Acceptance and placement in an agreed-upon grade pending testing results
2. Interview with applicant and family needed before acceptance determined. (Mandatory for all Special Services School applicants).
3. Accepted and placed on a waiting list
4. Process termination – acceptance and placement cannot be made at this time

Step 5. If Accepted - Please submit the following before student attends school.

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

Or If Denied Admission to RBCS applicant will be notified by letter from principal

School Records will be available for pick up at the Business Office (Please call to make sure records are sealed and ready)

Step 6. Financial Arrangements – Please contact Accounts Receivable in the Business Office, 678-7358, x246

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)

Attach
Picture

Academic Year 2009-2010

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

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.**

Student Information



Student Name: _____ **Grade completed:** _____

Answer all that apply to your student:

Does student play a team sport or interested in playing a sport? No Yes
Which one(s) _____

Is student interested in Band or Chorus (5th – 12th grade only): No Yes
Which one? _____ Instrument(s) played _____

What electives is student interested in (7th – 12 grade)? _____

Other areas of interest (clubs, etc...)? _____

Has student ever had any discipline problems in any school? No Yes
Explain: _____

Has student ever been suspended, expelled, or asked to withdraw from any school? No Yes
When and why? _____

Has student ever been involved in legal problems or been arrested? No Yes
When and why? _____

Does student have any behavioral problems? No Yes
Explain: _____

Does student have any emotional problems? No Yes
Diagnosed by and when: _____
Explain: _____

Does student need tutoring or help to stay at grade level? [] No [] Yes

Has student ever repeated a grade for any reason? [] No [] Yes
Which grade and why? _____

Does student have any learning disabilities? [] No [] Yes
Explain? _____

Does student have any physical disabilities? [] No [] Yes
Explain? _____

Does student have a medical diagnosis? [] No [] Yes
Explain? _____

Does student have any physical limitations which might require some adjustment to a normal student schedule? [] No [] Yes
If yes, explain _____

Has student ever been treated for a nervous, mental, or emotional disorder? [] No [] Yes
Please explain disorder and when diagnosed. _____

Are there any factors in student's life the school should be aware of: (adoption, serious illness, etc...)? _____

Is student currently in any Special Education classes? [] No [] Yes
For what reason? _____

Is student currently on an IEP or 504 Plan? [] No [] Yes
For what reason? _____

Has student had an IQ test within last 3 years? [] No [] Yes
If YES, please attach a copy

Has student had any diagnostic testing with last 3 years? [] No [] Yes
If YES, please attach a copy

Is student currently using the McKay Scholarship? [] No [] Yes

Is student eligible for the McKay Scholarship? [] No [] Yes

Have you filed for the McKay Scholarship? [] No [] Yes

***If yes**, SS# of parent filing for McKay Scholarship: _____

Student's Matrix # _____

****Must have a copy of McKay "Parental Intent" when applying.***

Academy Student Questionnaire

(7th – 12th graders)



The student applying must fill out this questionnaire.

Name _____
Last First MI Name Goes By Date of Birth Age

Name of church and city _____

Pastor or Youth Pastor's Name _____

Do you attend church regularly? Yes _____ No _____

What church activities are you involved in? _____

Do you know what it means to be a Christian? Yes _____ No _____ If yes, please explain (Use reverse side if necessary) _____

Are you a Christian? Yes _____ No _____ If yes, explain your personal relationship with Jesus Christ. _____

Why do you want to become a student at Rocky Bayou Christian School? _____

Were you ever suspended, expelled, or asked to withdraw from any school? Yes _____ No _____

If yes, please explain when and why. _____

Have you ever used alcohol, marijuana, narcotics, or other dangerous drugs? Yes _____ No _____

Have you ever had a police record? Yes _____ No _____ If yes, explain when and the incident. _____

Are you now or have you ever been under the supervision of a parole officer or under the custody of a juvenile or other court? Yes _____ No _____ If yes, please explain _____

I certify that the information given on this application is complete and accurate.

Student Signature

Parent or Guardian Signature

Date

Student Recommendation (by Teacher)

(1st – 12th graders)



Name of Applicant: _____ Grade applying: _____

Please check the appropriate box: The information you provide will be held in strictest confidence.

<i>Does the applicant:</i>	Always	Usually	Sometimes	Seldom	Not observed
1. Possess a teachable attitude?					
2. Complete most assignments given?					
3. Refrain from cheating and plagiarism?					
4. Respect authority and discipline?					
5. Show consideration of other students?					
6. Pay attention in class?					
7. Make good use of class time?					
8. Cooperate in following classroom standards?					
9. Contribute positively in class discussion?					
10. Put forth good effort on assignments?					
11. Have a good attendance record?					
12. Make friends easily?					
13. Emotionally well balanced?					
14. Has good reading/language skills?					
15. Neat and well groomed in appearance?					
16. Have a good self image?					
17. Have a good attitude toward other students?					

Comments: _____

Teachers Name _____ Date _____

Subject or Grade _____ School Name _____

Teacher's Signature _____

Please return completed form to: Rocky Bayou Christian School
Admissions
2101 N. Partin Drive
Niceville, Florida 32578

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 _____

School Reference



Note to School Administrator

- RBCS requests your cooperation in providing the information solicited by this form. It is an important part of the student's application package.
- 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. This student is **presently/was** last enrolled in _____ grade doing
 above average **average** **below average work.**

Please attach a current copy of achievement test.

2. This student's discipline record indicates he/she has:
- | | | |
|---------------------------------|-------------------------------------|------------------------------------|
| a. received corporal punishment | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. been suspended | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. been expelled | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. been sent to the office | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Please explain the incident: _____

3. By my observation, this student **is** **is not** in submission to the authority of the parents.

4. I expect this child **would** **would not** be successful in a highly disciplined environment.

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

Administrator's Signature _____ Date _____

Printed Name _____ Position _____

School Name _____ Phone Number _____

Grade Placement Testing (2nd – 12th graders)



Applicant's name: _____ Grade completed: _____

Date applying: _____ Grade applying for: _____

The California Achievement Test (CAT) is required for new 2nd through 12th grade students applying, unless they have results for the **CAT, SAT-10** (Stanford 10), **PSAT, ACT or SAT** from their current school.

Check one below: Attach \$25 testing fee per student

March 14, 2009 – Saturday

June 11, 2009 - Thursday

April 18, 2009 - Saturday

July 17, 2009 - Friday

May 9, 2009 – Saturday

August 8, 2009 - Saturday

May 23, 2009 - Saturday

After August 8, 2009

My student has testing*: CAT Stanford-10 PSAT ACT SAT
***Attach a copy** Date taken: _____

Does your child need special accommodations? Yes _____ No _____
If yes, explain _____

Parent Signature _____

Date _____

Parent Name (Print) _____

Home# _____

Cell# _____

Work# _____

Submit upper portion with application

Important Information

- **My testing date:** _____
- **Report at 7:55 am to the RBCS Elementary Office.**
- **Test can last 3-4 hours**
- **Please have your child bring two sharpened #2 pencils, a nutritious snack, a water bottle, and a book to read should you finish early.**
- **Bring a self-addressed stamped envelope to mail the test results.**
- **678-7358 or 729-7227, x-244 (Admissions), x-201 (Elementary Office)**

ROCKY BAYOU CHRISTIAN SCHOOLS

w w w . r b c s . o r g



Student Records Release

Date _____

To: _____

Rocky Bayou Christian School (RBCS) has enrolled the following student(s). Please send the items mentioned below at your earliest convenience.

- Medical records (**Original Form DH680, Form DH3040**)
- Academic records (grades and test scores)
- ESE records (IEP, Diagnostic testing, IQ testing, etc.)

Student Name	Grade	Date of Birth
_____	_____	_____
_____	_____	_____

A handwritten signature in black ink, appearing to read "Donald M. Larson".

Donald M. Larson
Superintendent

Parental Release

I hereby authorize you to send Rocky Bayou Christian School the records of my child(ren) plus any other information deemed necessary. Thank you for your prompt attention.

Date

Parent or Guardian Signature

Relationship to Student(s)

850-678-7358 *nv campus* • 850-729-2513 *nv fax*

2101 N. PARTIN DR. NICEVILLE, FL 32578