

# 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
  - \_\_\_\_\_ Special Services Testing application

## **Step 2. Grade Placement Testing**

**Academy** students 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).

**Special Services** students will be given the California Achievement Test (C.A.T.)

## **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, 729-7227 Ext 240**

# Admission Application



## Rocky Bayou Christian School

2101 N. Partin Drive, Niceville, Florida 32578  
(850) 678-7358/FAX 729-2513  
[www.rbc.org](http://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 2010-2011

Student's Last Name \_\_\_\_\_ [ ] Male [ ] Female

First Name \_\_\_\_\_ MI \_\_\_\_\_ Nick Name \_\_\_\_\_

Student's Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

**Grade Applying for:** K3 K4 K5 1 2 3 4 5 6 7 8 9 10 11 12

**Class Type:** [ ] Traditional Class [ ]\* Special Services (TD & T3) [ ] Home Study (HSAP)

[ ] K4 - VPK AM (8am-12:00pm) [ ] K4 - VPK (All Day)

**\*If applied for the John McKay Scholarship, we need parent SS#.** \_\_\_\_\_

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

How did you hear about RBCS? [ ] Website [ ] Newspaper [ ] Yellow Pages [ ] Radio

[ ] Referred by \_\_\_\_\_

**Parent #1**      **Check one:**     Father       Mother       Stepfather     Stepmother  
 (primary legal custodian and lives with)     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"/> Antibiotic Ointment (Neosporin) |
| <input type="checkbox"/> Benadryl   |  |

### **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.*** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# 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 (5<sup>th</sup> – 12<sup>th</sup> grade only):                       No                       Yes  
Which one? \_\_\_\_\_ Instrument(s) played \_\_\_\_\_

What electives is student interested in (7<sup>th</sup> – 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  
If Yes, give Plan date. \_\_\_\_\_.  
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

(7<sup>th</sup> – 12<sup>th</sup> 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)

(1<sup>st</sup> – 12<sup>th</sup> graders)



Name of Applicant: \_\_\_\_\_ Grade applying: \_\_\_\_\_

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

***Does the applicant:***

	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"/> <b>Yes</b> | <input type="checkbox"/> <b>No</b> |
| b. been suspended               | <input type="checkbox"/> <b>Yes</b> | <input type="checkbox"/> <b>No</b> |
| c. been expelled                | <input type="checkbox"/> <b>Yes</b> | <input type="checkbox"/> <b>No</b> |
| d. been sent to the office      | <input type="checkbox"/> <b>Yes</b> | <input type="checkbox"/> <b>No</b> |

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 (2<sup>nd</sup> – 12<sup>th</sup> graders)



Applicant's name: \_\_\_\_\_ Grade completed: \_\_\_\_\_

Date applying: \_\_\_\_\_ Grade applying for: \_\_\_\_\_

The California Achievement Test (CAT) is required for new 2<sup>nd</sup> through 12<sup>th</sup> 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 13, 2010 – Saturday

June 17, 2010 - Thursday

April 17, 2010 - Saturday

July 23, 2010- Friday

May 8, 2010 – Saturday

August 7, 2010 - Saturday

May 22, 2010 - Saturday

After August 7, 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)**