

International Student Application Process



As a non-government school, our situation parallels that of private colleges. Students first apply for admission to the school. This application must be made by ALL students seeking enrollment, whether or not they are already enrolled students. Re-enrollment is NOT automatic.

RBCS is trying to educate Christian young people for Christ's service. If pursuing this goal is not the desire of the student and his family, we cannot develop a cooperative team effort in the development of our students toward Christian maturity.

Admission to RBCS is based on the following:

- Prior academic and behavioral performance
- International Student Reference Forms (Pastoral, School, and Student)
- Standardized test scores (SLEP, ACT, SAT, TOEFL, or other accepted test).
- Phone Interview with the International Student Coordinator, if needed.

PLEASE READ CAREFULLY

Step 1. Complete forms and Return to RBCS Business Office for Processing Academy forms to submit: (7th-12th grade)

- _____ Admission Application
- _____ International Academy Student Questionnaire Form (filled out by student)
- _____ SLEP test score sheet
- _____ Middle and High school transcripts (translated into English)
- _____ Pastoral Reference—submit to church
- _____ School Reference—submit to school
- _____ Student Recommendation—submit to teacher
- _____ RBCS Financial Policies and Agreement
- _____ Host Family Rules Agreement
- _____ Copy of visa/passport
- _____ Proof of Health Insurance, Family Registration Certificate (Copies)
- _____ International Student Immunizations Form—submit to doctor
- _____ Current physical or health exam
- _____ International Tuition and Fee Payment Worksheet
- _____ Enrollment fee (\$150)

Step 2. If Accepted

- Notified by email or phone call by the RBCS International Student Coordinator.
- RBCS Student Coordinator will mail the I-20. Students must arrange an interview with the U.S. Embassy in their respective country to obtain an F-1 Visa.
- RBCS Student Coordinator will contact with housing options (with Host Families).
- Full payment must be received or a payment plan worked out with the business office before the student can be enrolled (Contact Business Office, (850)678-7358, x240).

Step 3. If Denied Admission to RBCS

- Notified by email or phone call by the RBCS International Student Coordinator.

Admission Application



Rocky Bayou Christian School

2101 N. Partin Drive, Niceville, Florida 32578
(850) 678-7358/FAX 850-729-2513
Disabilities (NILD)
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

Member of the Association of Christian Schools International (ACSI)

International Student Application

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

First Name _____ MI _____ Nick Name _____

Nationality _____ Date of Birth _____

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

Grade Applying for: 7 8 9 10 11 12

Type of Class: [] Traditional Class [] *Honors Program

****Additional course and extracurricular requirements beyond traditional class required to graduate.***

Last School Attended _____ Grade Completed _____

Address _____

Reason for leaving last school: [] Leaving for study in the US [] Suspended or Expelled [] Other

Explain _____

Check all that apply:

Student's: [] 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

Email and grade information sent to (email address): _____

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 _____

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 _____

Family ID# _____

Office Use Only

Student ID# _____

Registration Fee Received: **Amount Received \$** _____

Date Received _____

Check Number _____

Cash _____

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 | |

Emergency Contact: Other than Parent

1. _____ Phone number(s) _____

2. _____ Phone number(s) _____

Pick-up Authorization:

Persons **AUTHORIZED** to pick up student: _____

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

Please explain and provide legal documentation. _____

How did you hear about RBCS? [] Website [] Referral (optional) _____
[] Newspaper [] Radio
[] Yellow Pages [] Other

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...)? _____

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? _____

PLEASE ANSWER THE FOLLOWING QUESTIONS, USE A SEPARATE SHEET OF PAPER IF NECESSARY.

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

Explain: _____

Does student have any behavioral problems? No Yes

Explain: _____

Does student have any emotional problems? No Yes

Diagnosed by and when: _____
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? _____

Comments: _____

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 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

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: _____

Pastor's Email Address _____

Church Name and Address _____

International Student Reference Form



Must be filled out by a non-family member.

Legal Name _____
Last First MI Age

Relationship to applicant: _____

1. How long have you known the applicant? _____

2. In what capacity have you known the applicant? _____

3. How well do you think the applicant will adapt to life in another country? _____

4. How well do you think the applicant will adapt to life in a Christian home? (Please keep in mind that the applicant, if accepted, will likely be required to attend church services with his or her family multiple times per week.) _____

5. How well do you think the applicant will adapt to life at a Christian school? (Please keep in mind that, if accepted, the applicant will have at least one theology class in his or her schedule. Each class at RBCS is taught from a Christian perspective.) _____

6. In your opinion, how well does the applicant submit to authority? Does he or she have trouble obeying superiors, adhering to dress code, etc.? _____

7. Would you describe the applicant as extroverted or introverted? Does the applicant appear to be flexible when it comes to things such as food, leisure activities and religion? _____

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

Signature _____

Printed Name _____

Date _____

Host Family Rules Agreement



Your host family has voluntarily opened their home to you. Rocky Bayou Christian School requires all of its international students to obey the rules of their host families. In addition, all international students must agree to obey the following rules:

- No smoking. International students at RBCS, regardless of age, are not allowed to smoke—even if the student’s host family allows smoking.
- The use of alcohol and illicit drugs is prohibited.
- International students may not leave their homes without adult supervision or the permission of either their host mother or host father.
- International students must obey all rules set forth by their host families. This includes, but is not limited to, obeying curfews, attending church with the host families, and performing any chores assigned by the host families. If an international student believes he or she is being treated unfairly, he or she should contact the RBCS International Student Coordinator.
- International students may not, under any circumstances, threaten or blackmail their host families.
- International students may not obtain a driver’s license or operate a motorized vehicle unless they live with their biological parent(s), grandparent(s), aunt(s), or uncle(s).
- Failure to follow these rules can result in expulsion from school. Please sign on the line below, indicating that you have read, understood and agree to follow the rules listed on this page.

Applicant’s printed name

Applicant’s signature

Date

Parent’s/Guardian’s printed name

Parent’s/Guardian’s Signature

Date



2101 North Partin Drive
Niceville, FL 32578
(850) 678-7358 * 729-2513(FAX)
www.rbcsc.org

AUTHORIZATION TO TREAT A MINOR

I, (We) the undersigned parent(s), or legal guardian of:

_____, a minor, do hereby authorize and consent to any x-ray examination, anaesthetic, or medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act, or a dentist licenses under the provisions of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgement may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. Furthermore, we (parents/guardian) want to assure you that we will reimburse any expenditure not covered by the accident and sickness insurance policy of the exchange company or our personal policy.

List any restrictions: _____

Allergies to Drugs or foods: _____

List medications taken regularly: _____

Special medications or pertinent information: _____

Birthdates: _____ Date of last tetanus booster: _____

Family Physician: _____ Phone: _____

Address: _____ Country: _____

Physician's email address: _____

Parent/Guardian Signature: _____ Date: _____

Address: _____ Country: _____

Telephone where Parent/Guardian may be reached:

Business: _____ Home: _____



Family Name: _____ First Name: _____ MI: _____

Date of Birth: _____ Parent or Guardian Signature: _____

Immunizations required for school admittance:

Students enrolled in kindergarten through grade 12 are required to have written proof on file at their school that they have been immunized against DTP (Diphtheria, tetanus, pertussis), poliomyelitis, measles, mumps, and rubella (MMR), Hepatitis B, Hib/PRP (Haemophilus influenzae type b vaccine), and Varicella (chickenpox).

Minimum Immunization Requirements:

Five or more doses of DTP/DPT, DT (pediatric), TD (adult) vaccine or a combination thereof.
 **A TD booster is required within the last five years.

Three or more doses of trivalent oral polio vaccine (TOPV/Polio).

Four doses of Hib vaccine.

Two doses MMR vaccine (Measles, Mumps, Rubella—combined or two each, if separate).

Three doses of Hepatitis B vaccine.

Two doses of Varicella vaccine (Not required if child has documentation of history of varicella disease).

If the final dose of any of the above vaccines occurs before the third birthday, a booster shot is required.

IMMUNIZATIONS

DTP/DPT	1. _____ date	2. _____ date	3. _____ date	4. _____ date	5. _____ date	6. _____ booster
TOPV (polio)	1. _____ date	2. _____ date	3. _____ date	4. _____ booster, if required		
Hib	1. _____ date	2. _____ date	3. _____ date	4. _____ date		
MMR (combined)	1. _____ date	2. _____ date	3. _____ booster, if required			
(Separate)	1. _____ date	2. _____ date	3. _____ date	4. _____ date	5. _____ date	6. _____ date
Hepatitis B	1. _____ date	2. _____ date	3. _____ date			
Varicella	1. _____	2. _____	_____ date of disease			

Signature of Physician: _____ Date: _____