

Preschool and K5 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
- _____ Kindergarten Questionnaire
- _____ Student Information form
- _____ Pastoral Reference - submit to church
- _____ Application fee (\$30)
- _____ Other documents if applicable
- _____ Copy of IEP or diagnostic testing
- _____ RBCS Financial Aid forms and filed with FACTS Management
- _____ Step-Up-For-Students or McKay Scholarship approval letter
- _____ Ministerial Scholarship application
- _____ VPK Certification
- _____ Special Services Testing application

Step 2. Application Reviewed

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

Step 3. 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 4. If Accepted - Please submit the following before student attends school.

- _____ **Student's Official Birth Certificate** (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 5. Financial Arrangements – Please contact Accounts Receivable in the Business Office, 729-7227, x240

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 2012-2013

Attach
Picture

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

First Name _____ MI _____ Nick Name _____ Date of Birth _____

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 Assistance Program (HSAP)
[] K4 - VPK AM (8-12Noon) [] K4 - VPK (All Day)

***If applied for John McKay Scholarship, we need parent SS#:** _____

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

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 _____

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. _____

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. RBCS reserves the right to suspend or dismiss any student who fails to meet academic or behavioral standards.
6. 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.
7. 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.
8. 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.
9. 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.
10. 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.***

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. Is there evidence of faith in Jesus Christ and growing obedience to Him as Lord and 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 _____
