

River of Life Christian School

Application for Enrollment—2019-2020

Complete all forms and return to: 6902 E. Golf Links Road, Tucson, AZ 85730 (520) 790-2424

() Returning Student

() New Student

STUDENT INFORMATION

2019-2020 Entering Grade _____

Student's Name _____

Last

First

Middle

Preferred Name

M _____ F _____ Date of Birth _____ Age _____

Home Address _____ City _____ St. _____ Zip _____

PARENT INFORMATION (with whom student resides)

Father (or Stepfather) Information

Mother (or Stepmother) Information

Name _____

Name _____

Address _____

Address _____

City/State/Zip _____

City/State/Zip _____

Home Phone _____ Date of Birth _____

Home Phone _____ Date of Birth _____

Business Name _____

Business Name _____

Position _____

Position _____

Work Phone _____ Cell Phone _____

Work Phone _____ Cell Phone _____

E-Mail _____

E-Mail _____

Address Mail to : Mr. /Mrs. Mr. Mrs. Other _____

Non-Custodial Parent(s) Information

Father _____

Mother _____

Address _____

Address _____

City/State/Zip _____

City/State/Zip _____

Phone _____ Marital Status _____

Phone _____ Marital Status _____

I give my permission for the non-custodial parent, _____, to pick up student during or after school.

(Custodial/Legal Signature) _____ Date _____

FAMILY INFORMATION (for school year 2019-2020)

Sibling Name _____ Grade _____ School _____

Sibling Name _____ Grade _____ School _____

GRANDPARENT INFORMATION (Needed if picking up child from school and/or additional emergency contact info)

Name _____

Address/City/St./Zip _____

Name _____

Address/City/St./Zip _____

CHURCH INFORMATION

Are you members of a church? _____ Yes _____ No Do you regularly attend church? _____ Yes _____ No

Church Name _____ Pastor _____

Church Address _____ Phone _____

IMPORTANT: PLEASE READ BEFORE SIGNING

By Signing this application, you are indicating both your family's desire is to be part of River of Life Christian School and your commitment to support the ideals and standards of this school.

- a. We understand that River of Life Christian School is a Christ-Centered environment and students will be taught Biblical principles.
- b. I/we grant permission for my/our student to attend all school-sponsored trips and activities throughout the school year unless I request, in writing, nonparticipation in an event.
- c. I/we understand that my/our child's likeness may be photographed or videotaped by the school in the course of school activities. I/we hereby give consent for the school to use my/our child's likeness in promotional and/or advertising materials.
- d. I/we have read, signed and included the Financial Commitment Form.
- e. I/we understand that the school reserves the right to dismiss any student who does not: 1) respect and observe spiritual and/or behavioral standards, 2) cooperate in our educational goals and 3) follow the ROL rules.
- f. I/we understand that the Application and Registration Fee is NON-REFUNDABLE.

We have read and agree to all the terms contained in this application. Additionally, we understand any false or unreported information is grounds for immediate dismissal from school.

Student _____

Date _____

Father _____

Date _____

Mother _____

Date _____

River of Life Christian School does not discriminate on the basis of sex, nationality, or race of its students or in the administration of its educational policies, the awarding of financial aid, or any of its other school administered programs.

STUDENT HISTORY (New Students Only)

School Last Attended _____ Address/Zip _____

Reason for Leaving _____

1. Has your student ever used: (If yes, please explain student's current attitude toward and/or use of these substances)

A. Alcohol _____ No _____ Yes _____

B. Tobacco (in any form) _____ No _____ Yes _____

C. Illegal Drugs _____ No _____ Yes _____

D. Non Prescribed Prescription Drugs _____ No _____ Yes _____

2. Check each of the following that applies to your child: If you check any of the areas, please explain on the back of this sheet.

_____ Suspended/Expelled within last 12 months

_____ Involved with juvenile authorities

_____ Disciplinary problems at school

_____ Disciplinary problems at home resulting
in domestic violence

3. Check each of the following that applies to your child: If you check any of the areas, please explain on separate sheet.

_____ Medications (Daily)

_____ Physical Disabilities

_____ Medical/Physchiatric problems

_____ ADD or AD/HD

_____ Learning Disabilities

4. Do you have a current immunization record for your child? _____ yes _____ no If yes, a copy must be provided to the school before first day of school. If no, child must be updated on immunizations before first day of school.

River of Life Christian School

Athletic Release

Athletic Physicals must be scheduled after March 4, 2019

Student Name _____

Part 1. Emergency Medical Treatment Permission Slip

I, _____ give permission for Emergency Medical Treatment for my child while participating in the athletic program at River of Life Christian School during the 2019-2020 school year. I hereby authorize the athletic staff at River of Life to act on my behalf.

Parent/Guardian Signature _____ Date _____

Part 2. Insurance Waiver

I, _____ have medical insurance for my above child.

Insurance Company _____

Policy Number _____

Parent/Guardian Signature _____ Date _____

Part 3. Parent or Legal Guardian Consent

Parental or legal guardian consent is required before a student can be eligible to practice or compete in interscholastic competition. All students shall have on file with the principal or his/her designee appropriate permission in which the parent or legal guardian authorized permission.

It is recommended that such authorization state:

I/We give our permission for _____ to participate in organized interscholastic athletics, realizing that such activity involves the potential for injury, which is inherent in all sports. I/We acknowledge that even with the best coaching, use of the most advanced protective equipment, and strict observance of rules, injuries are still a possibility. On rare occasions the injuries can be so severe as to result in total disability, paralysis, quadriplegia, or even death.

I/We acknowledge that I/we have read and understand this warning.

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____

RIVER OF LIFE CHRISTIAN SCHOOL
EMERGENCY CONTACT AND MEDICAL INFORMATION FORM

<hr/> Student Name		<hr/> Date of Birth	
		Male/ Female	
<hr/> Parent's/ Guardian's Name		<hr/> Parent's/ Guardian's Name	
<hr/> Address		<hr/> Address	
<hr/> City, State Zip Code		<hr/> City, State Zip Code	
<hr/> Home Phone	<hr/> Work Phone	<hr/> Home Phone	<hr/> Work Phone
<hr/> Cell Phone	<hr/> Additional Number	<hr/> Cell Phone	<hr/> Additional Number

ALTERNATIVE EMERGENCY CONTACTS

<hr/> Primary Contact		<hr/> Secondary Contact	
Relationship		Relationship	
<hr/> Home Phone	<hr/> Cell Phone	<hr/> Home Phone	<hr/> Cell Phone

MEDICAL INFORMATION

<hr/> Physician's Name	<hr/> Phone Number
<hr/> Hospital/Clinic Preference	

<hr/> Insurance Company	<hr/> Policy Number
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YOUR CHILD MAY BE GIVEN: _____ Ibuprofen (200mg) How many? _____ Tylenol (500mg) How many? _____

Allergies to foods, insect bite/sting or other substances (medications)? Yes/ No If yes, please explain with procedure to follow _____

Convulsusins? Yes/ No Procedures to be followed _____

_____ asthma	_____ chicken pox	_____ concussion	_____ fainting	_____ measles	_____ hepatitis
_____ epilepsy	_____ diabetes	_____ heart murmur	_____ headaches	_____ other	

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

<hr/> Parent's/ Guardian's Signature	<hr/> Date
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I give permission for my child to go on field trips. I release River of Life Christian School and individuals from liability in case of accident during activities related to River of Life Christian School, as long as normal safety procedures have been taken.

<hr/> Parent's/ Guardian's Signature	<hr/> Date	<hr/> Witness Signature	<hr/> Date
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RIVER OF LIFE CHRISTIAN SCHOOL

(A Ministry of River of Life Baptist Church)

2019 – 2020 FINANCIAL COMMITMENT FORM

1. I/We acknowledge I/we are responsible for the total tuition entered on this agreement and agree to pay or see that the tuition is paid according to the following arrangements and to conclude all required payments before the last day of school. My/Our payment preference is (please check one of the following): Maximum discount is \$1000.00.

_____ If 2018-2019 Tuition has been paid in full and student enrolled by June 15, 2019
There is a \$500.00 discount

_____ If 2018-2019 Tuition has been paid in full and 2019-2020 tuition paid in full by
December 1, 2019 there is a \$500.00 discount

_____ Payment of one-half of the tuition by July 1, 2019 and the second-half
of tuition by January 10, 2020 there is a \$500.00 discount.

The following payment plans are to be calculated after the commitment from IBE, AAA or other scholarship funds have been calculated and agreed to.

_____ Pay monthly (11-Month Plan). First payment by July 1, 2019. Payments are
due the first day of each month and are paid in full by May 1, 2020.

_____ Pay monthly (10-Month Plan). First payment by August 1, 2019.
Payments are due the first day of each month and are paid in full by May 1, 2020.

2. I/We understand there will be a \$30.00 charge for any check returned to the school by the bank
3. I/We agree to pay the balance of our account before requesting transcripts to be released.
4. I/We recognize that tuition and fees do not cover the total cost of our child's education at River of Life Christian School. Therefore, we will prayerfully and actively consider what our family can do to contribute in addition to our payments (such as charitable donations or Arizona State Tax Credit forms available from school office).
5. I/We agree we are responsible for the Total Tuition and registration fee and if unable to pay the full amount ourselves, we will make arrangements to get the remaining funds paid.
6. This document is understood to be legally binding, and we have read and agree to comply with the above commitment.

Total Tuition: \$4,500.00 My Monthly Payments: _____ Other Payments Source: _____ Amount: _____

Father / Guardian _____ Date _____
Print Name Signature

Mother / Guardian _____ Date _____
Print Name Signature

Witness _____ Date _____
Print Name Signature

Witness _____ Date _____
Print Name Signature