

# River's Edge Christian Academy Student Application

## Student Applicant Information

Student's Full Legal Name:		
Name Used:	Male / Female:	Date of Birth:
Street Address:		
City, State:	County:	Zip:
Grade Applying for:	<b>Circle the Program For Which You Are Applying:</b>	
Interested in Smithwood (north) campus? Y/N	Co-op School / Basic Umbrella/ Umbrella Plus	

## River's Edge CA Summer Newsletter

If you are willing to receive the summer newsletter via e-mail, please put the e-mail address to receive it:

## Mother or Guardian Information

Name of Mother/Guardian:	<b>Include in Family Directory?</b>	<b>Y/N</b>
Address (if different):	Home Phone:	
Employment:	Cell Phone:	
Work Phone:	Email:	

## Father or Guardian Information

Name of Father/Guardian:	<b>Include in Family Directory?</b>	<b>Y/N</b>
Address (if different):	Home Phone:	
Employment:	Cell Phone:	
Work Phone:	Email:	

## Previous School Information (PLEASE COMPLETE ALL FIELDS.)

Currently Registered At:	Phone:	Home School? Y/N
Address:	City, State:	Zip:

## Other Siblings Residing at Home

Name & DOB:	School Attending:

1. Status of Student's Parents:    Married    Separated    Divorced    Remarried    Unmarried
2. What church does the family attend? \_\_\_\_\_ Phone #: \_\_\_\_\_
3. Church Address \_\_\_\_\_ Pastor: \_\_\_\_\_
4. Does the family attend regularly? Yes / No      5. Is the family a member of this church? Yes / No
6. Has the student received any disciplinary action from another school or had involvement in any immoral or illegal activity such as drugs, occult, etc.? Yes / No (If yes, please attach explanation.)
7. Please circle if your student has any special needs: Allergies / Medical Condition / Learning Disability  
Please briefly name the allergy, medical condition or LD: \_\_\_\_\_

**I have received a copy of the school's Statement of Faith, have read it, and agree with each of the tenets. I also certify that all other statements in the application are true.**

Signature of Parent/Guardian:	Date:
-------------------------------	-------

**River's Edge CA does not discriminate on the basis of race, color, gender, national, or ethnic origin.**

### Office Use Only:

Date Received:	Date of Acceptance:	Information entered into database:
Records Requested:	Records Received:	Date Withdrawn:
Immunization Record Received _____	Health Examination Received _____	Birth Certificate Received _____
Parent Agreement _____	Emergency Form Received _____	Student Agreement (3 <sup>rd</sup> grade& up) _____

Child's Name: \_\_\_\_\_

# River's Edge Christian Academy

## Student Information Sheet

Please complete a separate Student Information Sheet for each student.

1. Please list your child's favorite activities (church-related or otherwise).
2. Is your child easily influenced by other children?
3. How would you describe your child's learning style? (Visual, Auditory, Kinesthetic)
4. What type of discipline have you found most effective with your child?
5. What are your child's strengths?
6. Does your child have any physical disabilities?
7. Are there any factors in your child's life that may affect his/her performance? (divorce, absence of a parent, death in family, unusual accident, serious illness, adoption, etc.)
8. Please circle 'Y' for 'Yes' and 'N' for 'No.' Please explain any 'Yes' answers in the comment section provided in question 9 or on a separate sheet of paper. Has your child...
  - A. Ever been suspended, expelled, or asked to withdraw from another school? **Y/ N**
  - B. Ever been evaluated or referred for evaluation for learning disabilities or school adjustment problems by a school official, psychologist, or other professional? **Y/ N**
  - C. Ever been diagnosed with a learning disability or physical problem that affects his/ her academic achievement? **Y/ N**
  - D. Ever taken medication related to a learning disability, physical disability, or any other similar reason? **Y/ N**
  - E. Ever been diagnosed with a speech problem? **Y/ N**
  - F. Ever repeated a grade? **Y/ N**
  - G. Ever skipped a grade? **Y/ N**
  - H. Ever received an IEP (Individual Educational Plan) **Y/ N**
9. Is there any other information that would be helpful for us to know about your child?

Child's Name: \_\_\_\_\_

# River's Edge Christian Academy Student Agreement

Please review these goals and expectations with your child (3<sup>rd</sup> grade & up) and sign at the bottom.

*River's Edge CA emphasizes four goals:*

- I. Developing a personal relationship with Jesus Christ*
- II. Strengthening relationships within the family*
- III. Striving for academic excellence*
- IV. Serving others within the classroom, school, and community*

## **River's Edge CA Student Agreement:**

I am applying as a student of River's Edge CA because I desire for these goals to be developed in my life. As a member of River's Edge CA, I agree to:

1. Follow all policies of the school, including the respect policy and those found within the River's Edge CA Overview and River's Edge CA Policy Manual.
2. Show honor to God in my speech, dress, and conduct.
3. Seek to grow spiritually through devotions, Bible study, and church attendance.
4. Make my studies a priority and continue to do my personal best at all times.
5. Accept my place of leadership to younger students and model appropriate behavior to them.
6. Strive to follow Colossians 3:23 by doing everything as unto the Lord, including showing a positive and constructive attitude.
7. Guard against cheating, lying, and other dishonoring behaviors.
8. Use the Matthew 18 model of conflict resolution.
9. Develop my gifts and talents in order to build up others around me.

## **River's Edge CA Respect Policy:**

A priority of River's Edge CA is to help each student learn to demonstrate respect to one another, to those in authority, and ultimately to God. Please carefully read and consider each part of our respect policy. As a member of River's Edge CA, I agree to:

1. Show respect to my classmates by demonstrating kindness and refraining from teasing, gossip, and hurtful actions.
2. Seek opportunities to daily serve others around me by putting others before myself.
3. Show respect to adults by responding with "ma'am" and "sir."
4. Follow the directions the first time they are given.
5. Show respect to visitors in the way that my teacher has appointed.
6. Show respect to the church congregation by being courteous in the hallways and by careful use of the facilities.

As an extension of our respect policy, we ask that students refrain from bringing any type of recreational magazines to school, as well as to avoid discussions regarding movies or popular music. These things do not lend themselves to a productive academic setting and can cause unnecessary distractions. It is our desire to honor God and prefer others in our actions, thoughts and conversations. Thank you for your help in this regard.

**Student Signature/Date:**

**Parent Signature/Date:**

\_\_\_\_\_

\_\_\_\_\_

# EMERGENCY INFORMATION

Student's Name:

Medical Conditions/ Allergies/ Drug Sensitivities:

## Special Emergency Medical Procedures

1. If your child has diabetes, epilepsy, allergies, etc., what procedures do you want us to follow?

2. Please list any prescribed and over-the-counter medication you authorize River's Edge CA to administer:

## Student's Doctor / Dentist / Specialist

Doctor's Name:

Name of Office / Practice:

Emergency Phone/Pager #:

## Permission for Alternate Transportation

I authorize the persons listed below to transport my child in the event of a forced early dismissal due to weather, student illness, or other unforeseen emergency.

Name:

Phone:

Name:

Phone:

**Please give us a code word for others to use who have permission to pick up your child from school:**

## Authorization to Consent to Treatment of Minor and Release of Liability

I (We), the undersigned, parents of \_\_\_\_\_, a minor, do hereby authorize the hospital most accessible during the time of accident or illness as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act on the Medical staff of said hospital, whether such diagnosis or treatment at the office of said physician or at said 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 on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

I hereby give my permission for the above student to be transported to the nearest hospital in case of accident, injury, or other medical emergency.

The undersigned, for himself/ herself and his/her spouse, if applicable, and their child(ren) does hereby release, remise, discharge, acquit, and hold harmless, West Towne Christian Church, West Hills Presbyterian Church, River's Edge CA, and/or all other persons associated with River's Edge CA from any and all liability, suits, causes of action, and/or claims that might arise due to personal injury sustained by:

\_\_\_\_\_  
**(List ALL family members.)**

Signature of Parent/Guardian:

Date:

P.O. Box 31733  
KNOXVILLE, TN  
37930-1733  
PH: (865) 693-6779  
FAX: (865) 693-2434



**TO BE COMPLETED BY THE STUDENT'S PARENT AND RETURNED TO River's Edge CA:**

School Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_

Dear School Registrar,

I hereby authorize a release of my child(ren)'s cumulative school records to River's Edge Christian Academy, where we have recently applied for enrollment.

Please send my student's cumulative folder including all transcripts on file, test information, health records, special education received, psychological evaluations, etc. to River's Edge CA at the above address.

<b>Name</b>	<b>Birth Date</b>	<b>Current Grade</b>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Thank you!

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date