

**Send all applications and documentation to:**

Redemption Christian Academy PO Box 753 Troy, NY 12181  
Phone: 518-272-6679 or 413-498-2500  
Fax: (518) 270-8039  
Email: [admissions@redemptionchristianacademy.org](mailto:admissions@redemptionchristianacademy.org)



**APPLICATION FOR ADMISSION**

*Application fee: \$50 nonrefundable*

**Student's Name:** \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_  
(Last) (First) (Middle)

Grade entering: \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Birthplace \_\_\_\_\_ Country of Citizenship \_\_\_\_\_  
Home Address: \_\_\_\_\_

Mailing Address (if different from home address): \_\_\_\_\_

Student Email Address \_\_\_\_\_ Student Cell Phone : ( ) \_\_\_\_\_  
Religious Preference \_\_\_\_\_ Church \_\_\_\_\_

Check all that apply:  
\_\_\_\_\_ Day student \_\_\_\_\_ Boarding student  
\_\_\_\_\_ Male \_\_\_\_\_ Female  
\_\_\_\_\_ Massachusetts campus \_\_\_\_\_ New York campus (Day only)

**Father's/Guardian Name:** \_\_\_\_\_ Birthplace \_\_\_\_\_  
Address (if different from student): \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Cell Phone : ( ) \_\_\_\_\_ Email Address \_\_\_\_\_  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Religious Preference \_\_\_\_\_ Church \_\_\_\_\_

**Mother's/Guardian Name:** \_\_\_\_\_ Birthplace \_\_\_\_\_  
Address (if different from student): \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Cell Phone : ( ) \_\_\_\_\_ Email Address \_\_\_\_\_  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Religious Preference \_\_\_\_\_ Church \_\_\_\_\_

**Email address for correspondence:** \_\_\_\_\_

Check any of the following that apply: \_\_\_ Father is deceased \_\_\_ Mother is deceased \_\_\_ Parents are separated \_\_\_ Parents are divorced  
Student lives with (check all that apply) \_\_\_ Father \_\_\_ Mother \_\_\_ Step-father \_\_\_ Step-mother \_\_\_ Other (explain)

Explanation: \_\_\_\_\_

| List names and birthdates of other children in the home: | Age   |
|--|-------|
| (1) _____  | _____ |
| (2) _____  | _____ |
| (3) _____  | _____ |
| (4) _____  | _____ |
| (5) _____  | _____ |
| (6) _____  | _____ |

How did you hear about the Redemption Christian Academy? \_\_\_\_\_

Reason for selecting this school: \_\_\_\_\_

| List schools previously attended from grade 7 -12 |         | Dates   |
|---|---------|---------|
| Name of School                                    | Address | From/To |
| _____   | _____   | _____   |
| _____   | _____   | _____   |
| _____   | _____   | _____   |
| _____   | _____   | _____   |
| _____   | _____   | _____   |

**STUDENT SURVEY (TO BE COMPLETED BY THE STUDENT APPLICANT)**

List school activities in which you have been involved: \_\_\_\_\_

List any special talents you possess and would like to continue to pursue at RCA: \_\_\_\_\_

i. Essay - (at least 200 words or more) Choose one of the following: **(Do not type; hand write on a separate paper.)**

- 1) Why do you want to attend Redemption Christian Academy, and what exemplary traits will you bring to RCA?
- 2) What has been the most significant event in your life and how has it affected you? Tell what you hope to achieve while you are at RCA.
- 3) Describe yourself. Include your interests and goals. What qualities do you possess that make you a good candidate for RCA?

**SCHOLASTIC and DISCIPLINARY INFORMATION**

Please indicate academic level of students' previous work:                    { }Excellent { }Good { }Average { }Poor

Has student ever failed in school?  Yes  No

If yes, please explain: \_\_\_\_\_

Does the student have any particular learning difficulties?  Yes  No

If yes, please explain: \_\_\_\_\_

Do you attend church regularly?  Yes  No

Are you desirous of living a Christian life?  Yes  No  Unsure

Have you used any of the following: Tobacco  Yes  No

Liquor  Yes  No

Drugs  Yes  No

Has the student received any psychological treatment, counseling, or evaluations?  Yes  No

If yes, please explain: \_\_\_\_\_

Has the student ever experienced serious injury, illness or disability?  Yes  No

If yes, please explain and give age of student when this happened. \_\_\_\_\_

Has student ever been expelled, dismissed, suspended, or ever had disciplinary issues or difficulties?  Yes  No

If yes, please explain: \_\_\_\_\_

Has student ever been in trouble with the law, arrested?  Yes  No

If yes, please explain: \_\_\_\_\_

# STATEMENT OF AGREEMENT

I hereby agree to pay my financial obligations to the school on the due date. I understand that it may be necessary to withdraw my child if proper arrangements are not made on a past due account. I understand that academic records will not be released if financial obligations are not fulfilled.

I give permission for my child to take part in all school activities, including sports and school sponsored trips away from the school premises, and absolve the school from all liability to me or my child because of any injury at school or during any school activity. In consideration of the enrollment of my child/myself at Redemption Christian Academy, I hereby release and covenant not to sue Redemption Christian Academy, its trustees, directors, officers, employees, representatives, volunteers, and agents from any and all future claims resulting from enrollment at Redemption Christian Academy.

Redemption Christian Academy may exercise its right in any way it sees fit for its productions, for advertising and for other purposes. I hereby grant my consent to use and license the use of my child's name and likeness, whether in still or motion pictures, photograph, or other reproduction, including voice and features, with or without name, for any editorial, promotional, trade, business or other purpose.

I will uphold and support the high academic standard of the school and encourage my child to complete homework or other assignments. I uphold the standards of the school and do not condone my child using illegal drugs, tobacco products or alcoholic beverages. I do not tolerate profanity or obscenity, dishonor to God, or disrespect to the personnel of the school in word or action. I hereby agree to support all regulations.

I acknowledge that RCA reserves the right to enforce appropriate standards of conduct and that RCA may dismiss immediately, without refund, any child who fails to comply with the established regulations.

I understand that applicants are admitted to Redemption Christian Academy only upon the expressed condition that they will remain in attendance until the end of the academic year indicated, unless suspended or dismissed. The parent or guardian agrees that in the event of such suspension or dismissal, or in the case of withdrawal, no part of the fee for tuition and room and board will be refunded or remitted and any unpaid balance for the academic term on account of such fees shall become immediately due and payable to Redemption Christian Academy. This "no refund" provision also applies to students registering for any upcoming academic year. Students who are billed on a payment plan remain obligated for the balance of the academic year. International students who are issued an I-20 will be charged a non-refundable fee for processing whether or not a visa is subsequently issued by the US Embassy.

Refund Policy: Cancellation prior to student's scheduled start date: No refund. Withdrawal or Cancellation after student's scheduled program start date, or expulsion due to breach of program rules: No refund or credit is issued.

Parents/Guardians of Boarding Students - I will maintain a return ticket at the school office and am fully aware of the fact that my child will be sent home promptly upon notification by an RCA staff member when any behavior by my child poses a danger or concern to himself/herself, other students, staff, or the community. In the event that I cannot be contacted, I will maintain at least three (3) other current emergency contacts in my child's file at all times. Notification may be given to one of these contacts that my child is on the way home due to suspension or expulsion.

My signature below affirms that I have read and am in agreement with the above stated policies. In addition, I have familiarized myself with and agree to all the rules and regulations of Redemption Christian Academy.

---

Signature of Father or Guardian/Date

---

Signature of Mother or Guardian/Date

---

Signature of Student/Date

---

Witnessed by

---

Witnessed by

**Send documentation to:**

Redemption Christian Academy PO Box 753 Troy, NY 12181  
Phone: 518-272-6679 or 413-498-2500  
Fax: (518) 270-8039  
Email: [admissions@redemptionchristianacademy.org](mailto:admissions@redemptionchristianacademy.org)



**EMERGENCY CONSENT FORM**

Student's Name \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
School Year 20\_\_\_\_ - 20\_\_\_\_ Grade: \_\_\_\_\_ Date of Last Tetanus \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

**EMERGENCY CONSENT AND AUTHORIZATION FORM**

We, the undersigned parent(s) or guardian(s) of the above named student, do hereby, consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered necessary for the above named student under the general or special instructions of any physician the school may call, whether such diagnosis or treatment is rendered at the office of the physician or at a licensed hospital.

It is further understood that this consent is given in advance of any specific diagnosis or treatment which might be required and is given to authorize Redemption Christian Academy or the physician to exercise their best judgment as to the requirements of such diagnosis or treatment.

We, hereby, authorize any hospital, physician, or other person who has attended or examined the student to furnish to any appropriate insurance company, or its representatives, any and all information with respect to any illness, medical history, consultation, prescription, or treatment, and copies of all hospital or medical records. In case of no insurance, we agree to take full responsibility for all financial obligations incurred during treatment and/or hospitalization of the above mentioned student.

This consent shall remain in continuous effect until revoked in writing. A photostatic copy of this authorization shall be considered as effective and valid as the original.

**TO BE COMPLETED BY PARENT OR GUARDIAN:**

Father/Guardian \_\_\_\_\_ Social Security # \_\_\_\_\_  
Mother/Guardian \_\_\_\_\_ Social Security # \_\_\_\_\_  
Address of Parent/Guardian \_\_\_\_\_ Telephone (home) \_\_\_\_\_

In case of emergency \_\_\_\_\_ Telephone (home) \_\_\_\_\_  
Contact person/relationship \_\_\_\_\_ Telephone (work) \_\_\_\_\_

In case of emergency \_\_\_\_\_ Telephone (home) \_\_\_\_\_  
Contact person/relationship \_\_\_\_\_ Telephone (work) \_\_\_\_\_

In case of emergency \_\_\_\_\_ Telephone (home) \_\_\_\_\_  
Contact person/relationship \_\_\_\_\_ Telephone (work) \_\_\_\_\_

Medical/Accident Ins. Company \_\_\_\_\_  
Address \_\_\_\_\_

Name of Insured: \_\_\_\_\_  
Person carrying policy: \_\_\_\_\_ Policy Number \_\_\_\_\_  
Family Physician \_\_\_\_\_ Telephone \_\_\_\_\_

**Signature of Parent/Legal Guardian**

**Date**

## Send documentation to:

Redemption Christian Academy PO Box 753 Troy, NY 12181

Phone: 518-272-6679 or 413-498-2500

Fax: (518) 270-8039

Email: [admissions@redemptionchristianacademy.org](mailto:admissions@redemptionchristianacademy.org)



## STUDENT HEALTH INFORMATION (To be completed by a parent)

Student's Name \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

1. **Please state any known allergies:** \_\_\_\_\_  
Type of reaction(s) \_\_\_\_\_

2. Has/does your child had/have any of the following? (Check where appropriate.)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Anemia           | <input type="checkbox"/> Ear Infections (frequent) | <input type="checkbox"/> Sickle Cell Anemia     |
| <input type="checkbox"/> Asthma           | <input type="checkbox"/> Hearing Problems          | <input type="checkbox"/> Speech Dysfunction     |
| <input type="checkbox"/> Bronchitis       | <input type="checkbox"/> Heart Problem             | <input type="checkbox"/> Tonsillitis (frequent) |
| <input type="checkbox"/> Diabetes         | <input type="checkbox"/> Learning Disability       | <input type="checkbox"/> Vision Problem         |
| <input type="checkbox"/> Dyslexia         | <input type="checkbox"/> Seizures/Convulsions      | <input type="checkbox"/> 4 or more colds yearly |
| <input type="checkbox"/> Fainting Spells  | <input type="checkbox"/> Abdominal Pains           | <input type="checkbox"/> Frequent urination     |
| <input type="checkbox"/> Persistent cough | <input type="checkbox"/> Tires easily              | <input type="checkbox"/> Frequent leg pains     |
| <input type="checkbox"/> Ring worm        | <input type="checkbox"/> Nose bleeding             | <input type="checkbox"/> Growing pains          |

3. Menstrual Cramps       Severe       Moderate       Mild

4. Has your child had (check where appropriate)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Chicken Pox   | <input type="checkbox"/> Measles (German) | <input type="checkbox"/> Rheumatic Fever   |
| <input type="checkbox"/> Epilepsy      | <input type="checkbox"/> Measles (Red)    | <input type="checkbox"/> Scarlet Fever     |
| <input type="checkbox"/> Hernia Repair | <input type="checkbox"/> Mumps            | <input type="checkbox"/> Tuberculosis (TB) |

5. Does your child take medication? \_\_\_\_\_ Name, dosage, and frequency of medication \_\_\_\_\_

6. Has your child been hospitalized for any reason since birth? \_\_\_\_\_ If yes explain: \_\_\_\_\_

7. Are there any problems/concerns in the home which might affect your child's learning? \_\_\_\_\_  
If yes, explain: \_\_\_\_\_

8. Is there anything more about your child's health that you think is important for us to know?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Does your child use prescription glasses? \_\_\_\_\_

Signature of Parent/Legal Guardian

Date

**Send documentation to:**

Redemption Christian Academy PO Box 753 Troy, NY 12181  
Phone: 518-272-6679 or 413-498-2500  
Fax: (518) 270-8039  
Email: [admissions@redemptionchristianacademy.org](mailto:admissions@redemptionchristianacademy.org)



**PHYSICAL EXAMINATION (To be completed by a physician)**

Student's Name \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

|           |            |                 |                 |                    |       |
|-----------|------------|-----------------|-----------------|--------------------|-------|
| Height    | Weight     | Vision          |                 | Hearing            |       |
| _____ in. | _____ lbs. | Without glasses | With glasses    | Right              | Left  |
|           |            | right left      | right left      | _____              | _____ |
|           |            | 20/____ 20/____ | 20/____ 20/____ | method used: _____ |       |

Instructions: Describe fully any abnormal findings:

Blood Pressure: \_\_\_\_\_

Heart Rate: \_\_\_\_\_

General: \_\_\_\_\_

Appearance: \_\_\_\_\_

Skin: \_\_\_\_\_

**HEENT**

Head \_\_\_\_\_

Eyes \_\_\_\_\_

Nose/Throat \_\_\_\_\_

Teeth/Mouth \_\_\_\_\_

Chest/Lungs \_\_\_\_\_

Cardiovascular \_\_\_\_\_

Abdomen \_\_\_\_\_

Genitalia \_\_\_\_\_

Extremities \_\_\_\_\_

Joint/Spine \_\_\_\_\_

Neurological \_\_\_\_\_

Behavior \_\_\_\_\_

Required Medication \_\_\_\_\_

**Physician's Signature:** \_\_\_\_\_ Telephone: \_\_\_\_\_ Date: \_\_\_\_\_

**Please enclose a current copy of the student's immunization record and medical history.**

**Send documentation to:**

Redemption Christian Academy PO Box 753 Troy, NY 12181  
Phone: 518-272-6679 or 413-498-2500  
Fax: (518) 270-8039  
Email: [admissions@redemptionchristianacademy.org](mailto:admissions@redemptionchristianacademy.org)



**AUTHORIZATION TO PARTICIPATE IN SPORTS (To be completed by a physician)**

Student's Name \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

- 1. Has had injuries requiring medical attention?  Yes  No
- 2. Has had illness lasting more than a week?  Yes  No
- 3. Is under a physicians care now?  Yes  No
- 4. Takes medication now?  Yes  No
- 5. Wears glasses?  Yes  No  
Contact Lenses?  Yes  No
- 6. Has had a surgical operation?  Yes  No
- 7. Has been in a hospital (except for tonsillectomy)?  Yes  No
- 8. Do you know of any reason why this individual should not participate in sports?  Yes  No
- 9. Has ever been knocked out or had a concussion?  Yes  No
- 10. Allergies to any medicines? (examples: aspirin, Tylenol)  Yes  No
- 11. Missing any paired organs?  Yes  No
- 12. Wears any dental appliance such as a crown, bridge, partial or full plate?  Yes  No
- 13. Most recent tetanus toxoid (date) \_\_\_\_\_  
Booster required only every ten years.  Yes  No

Please explain any yes answers to the above questions: \_\_\_\_\_

**Student Participation:**

This application to compete in interscholastic athletics for the school year 20\_\_\_\_ - 20\_\_\_\_ for the Redemption Christian Academy is entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules and regulations.

**Signature of Student**

**Parent/Guardian Approval:**

I hereby give my consent for the above named student (1) to represent his/her school for the school year \_\_\_\_\_ in \_\_\_\_\_ (2) to accompany any school team of which he or she is a member of to any of its local or out-of-town trips. I authorize the school to obtain, through a physician of its own choice, any emergency medical care that may become reasonably necessary for the student in the course of such athletic activities or such travel. I also agree not to hold the school or anyone acting in its behalf responsible for any injury occurring to the above-named student in the course of such athletic activities or such travel.

\_\_\_\_\_  
Typed or printed name of parent/guardian

\_\_\_\_\_  
**Signature of parent or guardian**

\_\_\_\_\_  
Health/Accident/Hospitalization Insurance

\_\_\_\_\_  
Date

**Physician Approval:**

I hereby affirm that this student has received a complete physical and is deemed physically fit to participate in:

Name of Sport \_\_\_\_\_

**Signature of Physician:** \_\_\_\_\_ Date: \_\_\_\_\_