

Send all applications and documentation to:

Redemption Christian Academy PO Box 753 Troy, NY 12181
Phone: 518-272-6679
Fax: (518) 270-8039
Email: 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

Father's/GuardianName: _____ Birthplace _____

Address (if different from student): _____

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

Mother's/GuardianName: _____ 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

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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

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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

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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.

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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:** _____