

River of Life Christian School

Application for Enrollment—2010-2011

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

Returning Student

New Student

STUDENT INFORMATION

2010—2011 Entering Grade _____

Student's Name _____ / _____
Last First Middle Preferred Name

M _____ F _____ Date of Birth _____ Age _____

Address _____ City _____ St. _____ Zip _____

Phone _____ Student Cell _____ Student E-Mail _____

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 2010-2011)

Sibling Name _____ Grade _____ School _____

Sibling Name _____ Grade _____ School _____

CHURCH INFORMATION

Are you members of a church? _____ Yes _____ No

Do you regularly attend church? _____ Yes _____ No

Church Name _____ Pastor _____

Church Address _____ Phone _____

GRANDPARENT INFORMATION (to be included on our mailing list to receive invitations, newsletter and other school promotions):

Name _____

Address/City/St./Zip _____

Name _____

Address/City/St./Zip _____

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 _____

How did you first learn about River of Life Christian School?

- _____ Student/Student Family _____ Alumni _____ Radio
- _____ Church _____ Newspaper _____ Telephone Book
- _____ Internet _____ Other _____

- 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 _____
- 2. Check each of the following that applies to your child: If you check any of the areas, please explain on separate sheet.
 - _____ Suspended/Expelled within last 12 months _____ Involved with juvenile authorities
 - _____ Disciplinary problems at school
- 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/Psychiatric problems
 - _____ ADD or AD/HD _____ Learning Disabilities

River of Life Christian School

Athletic Release

Athletic Physicals must be scheduled after March 2, 2010

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 2010-2011 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

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

ALTERNATIVE EMERGENCY CONTACTS

_____		_____	
Primary Contact	_____	Secondary Contact	_____
Relationship	_____	Relationship	_____
_____		_____	
Home Phone	_____	Home Phone	_____
Cell Phone	_____	Cell Phone	_____

MEDICAL INFORMATION

_____		_____	
Physician's Name	_____	Phone Number	_____

Hospital/Clinic Preference			

_____	_____
Insurance Company	Policy Number

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 _____

Convulsions? 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.

_____	_____
Parent's/ Guardian's Signature	Date

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.

_____	_____	_____	_____
Parent's/ Guardian's Signature	Date	Witness Signature	Date

RIVER OF LIFE CHRISTIAN SCHOOL
2010—2011 FINANCIAL COMMITMENT FORM

1. I/We agree to pay the tuition 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):

_____ Payment in full by July 1, 2010. Families receive a 10% discount (This applies only to families paying full tuition).

_____ Payment in full by August 1, 2010. Families receive a 5% discount (This applies only to families paying full tuition).

_____ Payment of one-half of the tuition by July 1, 2010 and second-half of tuition of January 10, 2011.

_____ Payment monthly (11-month Plan). First payment by July 1, 2010. *Payments are due the first of each month and are paid through May 2011.

_____ Payment monthly (10-month Plan). First payment by August 1, 2010. *Payments are due the first of each month and are paid through May 2011.

_____ I/We request a different due date other than the first of the month. Preferred payment due date _____.
Administrator approval _____

2. I/We understand that there will be a \$30 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 consider what our family can do to contribute in addition to our payments (such as charitable donations or Arizona State Tax Credit).
5. This document is understood to be legally binding, and we have read and do agree to comply with the above commitment.

Date _____

Father/Guardian _____
Print Name

Signature

Mother/Guardian _____
Print Name

Signature

RIVER OF LIFE CHRISTIAN SCHOOL
6902 E. Golf Links Rd.
Tucson, Arizona 85730
Phone (520) 790-2424

FINANCIAL INFORMATION
2010—2011 School Year

Registration and Material Fee (Non-refundable)

One-half (1/2) of the registration and material fee is due before May 21. The remaining fee is due on or before the first day of school.

PreK-12th Grade \$175 per student

<u>Tuition</u>	1 st Child	2 nd Child	3 rd Child
*Pre-K (half-day)	\$3,100	\$2,635.00	\$2,240.00
*Kindergarten	\$3,100	\$2,635.00	\$2,240.00
1 st -12 th Grade	\$3,900	\$2,822.00	\$2,398.00

Tuition may be paid in full at any time or in equal payments due July 1-May 1 or August 1-May 1. Prepayment discounts are available (see the financial commitment form). A \$350 referral credit is available when the new family has paid their registration/material fee and first month's tuition.

After-School Program

*Full Day Tuition—8:00 a.m. to 3:00 p.m. \$3,900
Extended Hours—3:00 p.m. to 5:00 p.m. \$5 per day or \$20 per week

Athletic Fee (5th-8th Grade)

A one time fee of \$50.00 is due for students who participate in our athletic program. Additional high school fees may occur during the school year.
•Participating students must have a current physical on file.

Tuition Assistance

APPLICATIONS FOR FINANCIAL-NEED SCHOLARSHIPS ARE AVAILABE IN THE SCHOOL OFFICE. WE ARE THANKFUL FOR YOUR TAX CREDIT CONTRIBUTIONS WHICH MAKE IT POSSIBLE FOR US TO PROVIDE A LIMITED AMOUNT OF SCHOLARSHIPS.

Tax credit contributions can be made at www.ibescholarships.org .

RIVER OF LIFE CHRISTIAN SCHOOL

6902 E. Golf Links Road

Tucson, Arizona 85730

520-790-2424 Phone

520-790-3891 Fax

APPLICATION FOR FINANCIAL AID

Name of parent/guardian: _____

Address: _____

Telephone: Home: _____ Work: _____

Cell: _____

Email address: _____

Children currently enrolled at River of Life Christian School

	Student Name	Grade 2010-2011	Annual Tuition
1.	_____	_____	\$ _____
2.	_____	_____	\$ _____
3.	_____	_____	\$ _____
4.	_____	_____	\$ _____
		Total	\$ _____

Of the total costs, we believe that we can pay: \$ _____

Of the total costs, family and friends contribute \$ _____

Of the total costs, Arizona State Tax Credit Amount \$ _____

We request the remaining amount in Financial Aid \$ _____

Signed: _____ Date: _____

IF THERE ARE MATTERS CONCERNING YOUR FAMILY OR FINANCIAL SITUATION THAT THE FINANCE COMMITTEE SHOULD BE AWARE OF, PLEASE STATE THEM ON THE BACK OF THIS FORM.