

River of Life Christian School

Application for Enrollment—2009-2010

Complete all forms and return to: 6902 E. Golf Links Road, Tucson, AZ 85730 (520)790-7082

() Returning Student

() New Student

STUDENT INFORMATION

2009-2010 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 2008-2009)

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 1, 2009

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 2008-2009 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

Work Phone

Home Phone

Work Phone

Cell Phone

Additional Number

Cell Phone

Additional Number

ALTERNATIVE EMERGENCY CONTACTS

Primary Contact Relationship

Secondary Contact Relationship

Home Phone

Cell Phone

Home 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
2009-2010 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, 2009. Families receive a 10% discount (This applies only to families paying full tuition).

_____ Payment in full by August 1, 2009. Families receive a 5% discount (This applies only to families paying full tuition).

_____ Payment of one-half of the tuition by July 1, 2009 and second-half of tuition of January 10, 2010.

_____ Payment monthly (11-month Plan). First payment by July 1, 2009. *Payments are due the first of each month and are paid through May 2009.

_____ Payment monthly (10-month Plan). First payment by August 1, 2009. *Payments are due the first of each month and are paid through May 2010.

_____ 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 \$25 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