

Student Last Name _____

Student First Name _____

Applying for Grade _____

APPLICATION FOR ADMISSION

ROUND ROCK CHRISTIAN ACADEMY



301-A North Lake Creek Drive
Round Rock, TX 78681

(512) 255-4491
FAX (512) 255-6043

www.rrca-tx.org

Mission Statement

Round Rock Christian Academy is a Christ-centered, college-preparatory school equipping and developing students to effectively integrate Biblical truth and academic learning into their daily lives to impact their community for Christ.

Vision Statement

Round Rock Christian Academy will be the standard for college-preparatory Christian education.

Non-Discriminatory Policy

Round Rock Christian Academy admits students of any race, color, national and ethnic origin to all of the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

OFFICE USE ONLY

Date enrolled _____ Start Date _____ Withdraw Date _____

Shirt Size: (Circle One)

YXS YS YM YL YXL AS AM AL AXL

Please print with pen or type

STUDENT INFORMATION

Student's full name: _____

Preferred Name _____ Last Male/Female _____ First Birthday ____/____/____ Middle Present Grade _____

Applying for Grade _____ For school year ____/____ SS #: ____ - ____ - ____

	Morning Care 7-8:15 a.m.	Extended Care 2:00-3:30 p.m.	Extended Care 3:30-6:00 p.m.
<input type="checkbox"/> Preschool 3's (Tu, Thu)			
<input type="checkbox"/> Preschool 3's (M, W, F)			
<input type="checkbox"/> PreKindergarten 4's (M, W, F)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> PreKindergarten 4's (M-F)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Kindergarten	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> 1st-5th grades	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> 6th-12th grades			<input type="checkbox"/>

Ethnicity	
<input type="checkbox"/>	African/American
<input type="checkbox"/>	Asian
<input type="checkbox"/>	Caucasian
<input type="checkbox"/>	Hispanic
<input type="checkbox"/>	Indian
<input type="checkbox"/>	Native American
<input type="checkbox"/>	Other _____

FAMILY INFORMATION

Full name of parent(s) or guardian(s) with whom child is living: _____

Are both parents living? ____ Yes ____ No ____ Married ____ Separated ____ Divorced ____ Remarried

If student's parents are divorced, which parent has legal/financial responsibility? _____

Please provide RRCA with a copy of the legal visitation schedule.

PARENT INFORMATION

If Guardian, please attach a copy of the guardianship document.

Father/Step-Father Information (Please circle one)

Full name _____

Address _____ Street City State Zip

This is the preferred address for all mailed correspondence.

The following information can be published in the online family directory: mailing address home phone email

Employer _____ Occupation _____ Job Title _____

Work Address _____ Street City State Zip

Home phone (____) _____ - _____ Business phone (____) _____ - _____

Cell phone (____) _____ - _____ E-mail _____

Mother/Step-Mother Information (Please circle one)

Full name _____

Address _____ Street City State Zip

This is the preferred address for all mailed correspondence.

The following information can be published in the online family directory: mailing address home phone email

Employer _____ Occupation _____ Job Title _____

Work Address _____ Street City State Zip

Home phone (____) _____ - _____ Business phone (____) _____ - _____

Cell phone (____) _____ - _____ E-mail _____

Please print with pen or type

GRANDPARENT INFORMATION

Paternal Family

Grandfather's Full Name _____
Grandmother's Full Name _____
Street Address _____
City, State, Zip _____
Email _____
Phone (cell or home) _____

Maternal Family

Grandfather's Full Name _____
Grandmother's Full Name _____
Street Address _____
City, State, Zip _____
Email _____
Phone (cell or home) _____

OTHER CHILDREN IN FAMILY

Name _____ Age _____ School _____
Name _____ Age _____ School _____
Name _____ Age _____ School _____
Name _____ Age _____ School _____

MEDICAL / BEHAVIORAL CONDITIONS

Are there any medical conditions we need to be aware of? _____ Yes _____ No
(A complete medical information form will be done later in the application process.)

Has your child received counseling and/or treatment for emotional or behavioral issues? _____ Yes _____ No

Does your child have a diagnosed learning disability? _____ Yes _____ No

ACADEMIC INFORMATION

Current school attending _____ Type of school _____

Grades attended _____ Phone (_____) _____ - _____ Principal/Head of School _____

Address of School _____
Street City State Zip

Reason for leaving _____

Is the student able to return? _____ Yes _____ No

OTHER SCHOOLS ATTENDED

<i>Name of School</i>	<i>Location</i>	<i>Grades</i>	<i>Dates</i>
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_____	_____	_____	_____
_____	_____	_____	_____

Has your child ever been suspended from any school or asked to leave? _____ Yes _____ No

If yes, please explain. _____

Factor's influencing your application to RRCA *Please check all that apply*

- | | | |
|---|--|--|
| <input type="checkbox"/> College prep academics | <input type="checkbox"/> Fine Arts | <input type="checkbox"/> Size of school |
| <input type="checkbox"/> Christian Worldview | <input type="checkbox"/> Prior school no longer a good fit | <input type="checkbox"/> RRCA Reputation |
| <input type="checkbox"/> Athletics program | <input type="checkbox"/> Private education | <input type="checkbox"/> Proximity |
| <input type="checkbox"/> Affordability | <input type="checkbox"/> Other (please identify): _____ | |

PARENT'S STATEMENT

As the Parent(s) or Guardian of the student applicant named herein, I (we) state that I (we) agree with the Statement of Faith, Mission Statement and the philosophy of Round Rock Christian Academy. I (We) agree that, upon acceptance of the herein named student, I (we) will pledge ourselves to work with the RRCA Staff, Administration and Faculty within these statements to the betterment of our student and to assist and cooperate with the school in the Christian Education of my (our) child. I (we) understand that the enclosed Registration/Testing Fee is non-refundable and that the receipt of the application does not guarantee any admission as said admission is subject not only to space available but also to the RRCA policies, procedures, and guidelines. I (we) further understand and acknowledge that continued enrollment of my (our) child, if admitted to RRCA, shall be subject to the payment of all fees and charges set forth on the schedule of fees and my (our) student's compliance with the code of conduct, student covenant, and policies established by RRCA.

Parent(s) or Guardian:

Date _____



REFERRAL SOURCE

How did you hear about our school? Internet search Austin Newcomers Guide Community Impact
 Austin Family Church Other _____ Referred by Current Family _____

FINAL INSTRUCTIONS

This Application for Admission must be completed in its entirety for each student seeking admission to Round Rock Christian Academy. It should be submitted along with a non-refundable Application Fee and New Student/Testing Fee to the Business Office at Round Rock Christian Academy.