



APPLICATION FOR ADMISSION

Elementary 5122 Driftwood Dr Janesville 608.757.1000 • MS/HS 916 Bushnell St Beloit 608.365.7378
office@rccs.us www.rccs.us

Date: _____

STUDENT INFORMATION

Name- First:		Last		Middle	
Date of Birth	Grade applying for	Social Security Number	Student living with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian		

FATHER'S INFORMATION

MOTHER'S INFORMATION

Name		Home Phone		Name		Home Phone					
Address- Street		City		State		Address- Street		City		State	
Occupation	Employer	Work Phone		Occupation	Employer	Work Phone					
Have you personally received Jesus Christ as your Lord and Savior? <input type="checkbox"/> Yes <input type="checkbox"/> No On what do you base your answer?						Have you personally received Jesus Christ as your Lord and Savior? <input type="checkbox"/> Yes <input type="checkbox"/> No On what do you base your answer?					
If child's name is different from parents please explain present home situation											

OTHER CHILDREN LIVING AT HOME

Name	Birth date	Current School	Name	Birth date	Current School
1			3		
2			4		

MEDICAL INFORMATION

Doctor's Name		Phone		Address	
Health Insurance Carrier		Health Insurance Company		Policy Number/Group Number	
Authorized to call doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No		Authorized to call rescue squad? <input type="checkbox"/> Yes <input type="checkbox"/> No		Hospital Preferred	
Date of last physical exam		Date of last eye exam		Date of last dental exam	
Any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain					
Are there any special health concerns for your child? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain					
Do you have any special health instructions? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain					
Does your child have: <input type="checkbox"/> Speech difficulty <input type="checkbox"/> Hearing difficulty <input type="checkbox"/> Vision difficulty <input type="checkbox"/> Any neurological disorder <input type="checkbox"/> Physical limitations <input type="checkbox"/> Learning difficulty <input type="checkbox"/> ADD <input type="checkbox"/> LD <input type="checkbox"/> MR					
Comments:					

Has the applicant any history of, or been evaluated for, any unusual physical or emotional condition which has required professional attention or might require special attention at RCCS?
 Yes No If yes, explain

Does the applicant have a learning disability or been in a gifted and talented program?
 Yes No If yes, explain

Is this student on any medication on a regular basis that we should be aware of? Yes No If yes, does the medication need to be administered during school hours? Yes No

Does the student need to wear glasses? Yes No If yes, all of the time? Yes No

SCHOOL BACKGROUND INFORMATION - List all previous schools attended (most recent first)

School	Address	Dates Attended	Grades Completed

Has this student ever repeated a grade? Yes No If yes, what grade? Has this student ever been suspended or expelled? Yes No If yes, explain

Name of School District in which you reside Scholastic grades have been: Above average Average Below average

Did your child/children have any disciplinary problems while attending his/her past school? If yes, please explain
 YES
 NO

It is understood that each student will be placed in the grade which best meets his/her individual needs.
 This is determined by the placement testing, along with the teacher and principal evaluation.

MISCELLANEOUS

Hobbies or special interests?

Comment on the student's personality traits (well-behaved, poised, responsible, congenial, temperamental, aggressive, fearful, etc.)

Why do you wish to send your child to Rock County Christian School?

Signatures and date:

Father

Date

Mother

Date