



Redefining Education for a Higher Purpose

Thank you for your interest in Rhea County Academy (RCA). It is exciting to see God's leading and direction in the development of our school. RCA exists as a supplement to the parents' own teaching, enabling the parents to be more effective in their time with their children. Please read over the RCA application carefully and fill it out completely. We are praying that God will send families to Rhea County Academy who desire a thoroughly Christ-centered education for their children. Rhea County Academy is not associated with a specific church or denomination. No one will be denied admission on the basis of gender, race, color or national origin.

Admission Process

Families seeking to enroll students for the upcoming school year should follow the procedure outlined below.

1. Parent(s) should complete the Application for Enrollment, the Authorization for Release of Educational Records (*if their student will be transferring from another school*), sign the Parental Statement and distribute the recommendation forms to a spiritual and a personal reference.
2. Students in grades 5-H.S. should review and sign the Student Conduct Agreement.
3. Parent must provide a copy of their student's Immunization History before the student begins attending.
4. Parent(s) should photocopy for inclusion in the registration packet the following materials:
 - Student's birth certificate
 - Student's latest report card
 - Student's most recent end-of-grade test results or achievement test grades
5. A non-refundable application fee of \$50 must accompany the applications of all new students. The registration fee is due from all applicants. Checks should be made payable to Rhea County Academy. Completed forms should be returned to Rhea County Academy, P.O. Box 925, Dayton, TN 37321 or can be returned directly to the Academy office.
6. Recommendation forms should be returned directly to RCA by the evaluator as directed on the recommendation forms.
7. RCA staff will contact the family to schedule the screening once all required forms and recommendations have been received.
8. After the screening, the RCA Admissions Committee will conduct admissions interviews; at least one parent or guardian and the student must attend. It is our opportunity to get to know one another and to determine if RCA is going to be the correct school for the child.
9. RCA will notify the family of the student's admittance status upon completion of the process.



APPLICATION FOR ENROLLMENT

Applying for enrollment beginning _____

Student Name _____ Grade Entering _____
Last First Middle

Address _____
Street City State Zip Code

Social Security No. _____ Birthdate _____ Student Age _____

Email address at which you can be contacted: _____

Last school and grade attended _____

Home room teacher's name at last school attended: _____

Grade(s) repeated _____ Reasons _____

Has child been evaluated for giftedness, special needs, or learning difficulties? ____ Yes ____ No

Has your child ever been expelled from or refused admission to another school. ____ Yes ____ No

(If you answered yes to any of the above questions please explain on a separate sheet of paper.)

Does your family attend church on a regular basis? ____ Yes ____ No

Your child's academic strengths _____

Your child's academic weaknesses _____

Please state in detail why you wish to enroll your child at RCA _____

RELEASE AUTHORIZATION

I give permission for my telephone number and address to be published in the RCA Family Directory. ____Yes ____No

I give permission for my child to be included in school publications, publicity releases, and media coverage. ____Yes ____No

FAMILY INFORMATION: Attach custody or legal guardianship papers if applicable. Make sure that all info is current.

Father's Name _____ **Home#** _____ **Cell#** _____

Address _____

Occupation _____ **Business Phone** _____

Employer _____

Skills, interests, hobbies you might be willing to share _____

Mother's Name _____ **Home#** _____ **Cell#** _____

Address _____

Occupation _____ **Business Phone#** _____

Employer _____

Skills, interests, hobbies you might be willing to share _____

If student is not living in home of parents, name of responsible adult or guardian:

Name _____

Address _____ **Home Phone#** _____

Employment _____ **Business Phone#** _____

Maternal Grandparents

Name _____

Address _____

Phone # _____

Paternal Grandparents

Name _____

Address _____

Phone # _____

I give permission for grandparents to be included in general school mailings. ____ Yes ____ No

I give permission for grandparents to be invited to special events and programs. ____ Yes ____ No

Name(s) and grade(s) of other family members attending our school _____

If you cannot pick up your child, names of persons to whom he/she may be released

Name _____ **Phone#** _____

Name _____ **Phone#** _____

Emergency Information

Child's Name _____ Date of Birth _____

Father's Name _____ Home# _____ Cell# _____

Mother's Name _____ Home# _____ Cell# _____

MEDICAL HISTORY — Attach a copy of any relevant medical information we might need. If a re-enrolling student, please attach copies of all updated medical information we might need.

Physical Handicap _____

Is child under ongoing care of physician? _____ Reason _____

Present illnesses, allergies _____

Is child on prescribed medication? ____ Yes ____ No If yes, name of medication and reason prescribed.

EMERGENCY CARE INFORMATION

Name of Child's Doctor _____ Phone _____

Office Address _____

Name of Child's Dentist _____ Phone _____

Office Address _____

If parents or guardians cannot be reached, call:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

**RCA may authorize medical assistance to provide emergency medical care when necessary.
RCA will use Rhea County Hospital for emergency purposes.**

Signature _____ Date _____



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PARENTAL STATEMENT

1. It is required that parents or legal guardians of registered students pay tuition fees in the amount stated on the Tuition and Fees Payment Schedule for this school year. If regular tuition payments are not received by the 15th of each month, a \$20.00 late charge will be charged. If fees are not up to date by the end of the month, the child may not attend until they are paid.
2. I understand that no refunds are made on registration and application fees. Tuition is not refundable for any part of the current month. ***Please initial this statement.***
3. The school reserves the right to dismiss any student not cooperating with the educational process and/or whose parents or legal guardians refuse to cooperate.
4. I understand that I will be liable for any damages my child causes to school property.
5. I agree to be an active and involved part of my child's education on a daily basis.
6. I understand the biblical philosophy and purpose of RCA and commit to attending church with my child on a regular basis to the best of my ability.
7. In case of emergency or illness, the school has my permission to make whatever arrangements are deemed necessary for my child's treatment.

I have read and understand the Parental Statement of Cooperation and agree to comply with its requirements in seeking admission to Rhea County Academy. I have read and initialed Statement 2.

I understand RCA's spiritual position as confirmed by its Statement of Faith.

Parent's / Guardian's Signature

Date

Parent's / Guardian's Signature

Date

Rhea County Academy does not discriminate on the basis of race, gender, color, national or ethnic origin.



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STUDENT CONDUCT AGREEMENT (Grades 5 – H.S.)

At Rhea County Academy we want to help you to become excellent students and to grow in your Christian character. This is a growing process and the items below will help you to see how you are progressing in this process. Part of your responsibility in attending RCA is a commitment to the following behaviors. Please read them carefully since you will be held accountable for this commitment.

1. I will obey promptly with a respectful attitude. (Hebrews 13:17) *“Obey those who rule over you, and be submissive, for they watch out for your souls, as those who must give account.”*
2. I will be a hard worker. My work will be done with neatness and strong effort. I will focus on finishing my assignments. (Ephesians 6:6,7) *“[obey] not with eye service, as men pleasers, but as bondservants of Christ, doing the will of God from the heart, with good will doing service, as to the Lord, and not to men.”*
3. I will treat everyone with consideration, kindness, and compassion. (Ephesians 4:29, 32) *“Let no corrupt word proceed out of your mouth, but what is good for necessary edification, that it may impart grace to the hearers. And be kind to one another, tenderhearted, forgiving one another, even as God in Christ forgave you.”*
4. I will speak only the truth and words that will be helpful to others. (Ephesians 4:25) *“Therefore, putting away lying, ‘Let each one of you speak truth with his neighbor,’ for we are members of one another.”*
5. I will exercise self-control in my words and actions. (Proverbs 25:28) *“Whoever has no rule over his own spirit is like a city broken down, without walls.”*
6. I will display order by keeping my personal belongings and the school’s appearance neat. (1 Corinthians 14:40) *“Let all things be done decently and in order.”*

Student Name : _____

Student Signature

Date



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SPIRITUAL RECOMMENDATION

Name of Student _____ Grade to which applying _____
(Please print) LAST FIRST MIDDLE

To the Parent:

Please complete the top section of this form and give it to a pastor, youth pastor, or Sunday School teacher who knows your child well. I give my permission for the following information to be released to Rhea County Academy. I understand that it will be treated confidentially and will not be released to me.

Signature of Parent

To the Reference:

This student is seeking admission to Rhea County Academy, a Christ-centered school which offers instruction for K - 4 through 12th grade. We would appreciate your observations. If you wish to discuss this student personally rather than complete this form, please check here [] and complete the bottom portion. We will contact you.

PARENT INFORMATION

Are parents members of your church?

Mother ☐ Yes ☐ No
Father ☐ Yes ☐ No

Level of involvement:

☐ Active
☐ Inactive

Their involvement includes:

☐ Sunday School attendance
☐ Teaching
☐ Choir
☐ Committees
☐ Youth work
☐ Other _____

Frequency of attendance:

☐ Weekly ☐ Monthly ☐ Occasionally

STUDENT INFORMATION

Is prospective student a member of your church?

☐ Yes ☐ No

Level of involvement:

☐ Active ☐ Inactive

His/her involvement includes:

☐ Sunday School ☐ Youth activities
☐ Teaching ☐ Structured
☐ Choir ☐ Social
☐ Other _____

Frequency of attendance:

☐ Weekly ☐ Monthly ☐ Occasionally

How long and in what capacity have you known the student? _____

To the best of your knowledge, is the student saved? _____

Based on your observations and the developmental level of the child, how would you describe the spiritual maturity of this student _____

What are the child's strengths? _____

Weaknesses _____

To the best of your knowledge, are the parents supportive church members? _____

How would you describe the parent-child relationship? _____

What positive contribution would you anticipate this student making to the classroom and Rhea County Academy?

I recommend this student Yes _____ No _____ With reservation _____

Signature _____ Church _____

Name (please print) _____ Phone _____

Position _____ Date _____

Please mail this form directly to the address below or e-mail to rheacountyacademy@gmail.com
Rhea County Academy
P.O. Box 925, Dayton, TN 37321



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PERSONAL RECOMMENDATION

Name of Student _____ Grade to which applying _____
(Please print) LAST First Middle

To the Parent:

Please complete the top section of this form and give it to an adult (**not a relative**) who knows your child well. I give my permission for the following information to be released to Rhea County Academy. I understand that it will be treated confidentially and will not be released to me.

Signature of Parent

To the Reference:

This student is seeking admission to Rhea County Academy, a Christ-centered school which offers instruction from K - 4 through 10th grade. We would appreciate your observations. If you wish to discuss this student personally rather than complete this form, please check here [] and complete the bottom portion. We will contact you.

How long and in what capacity have you known this student ? _____

Does this student show evidence of good character? _____

What are this person's greatest strengths? _____

What are his/her weaknesses? _____

I recommend this student: Yes____ No____ With this reservation _____

Signature _____ Phone _____

Name (please print) _____ Date _____

Relationship to student _____

Please mail this form directly to the address below or e-mail it to rheacountyacademy@gmail.com
Rhea County Academy
P.O. Box 925, Dayton, TN. 37321



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AUTHORIZATION FOR TREATMENT AND FIELD TRIPS

The undersigned, being the parent(s) or legal guardian(s) of

_____, a minor, born on _____,

request and authorize Rhea County Academy, its teachers, instructional assistants, staff, adult volunteers, and agents thereof, (1) to obtain medical or dental care for the aforementioned minor child, when, (a) in the judgment of said teachers, assistants, staff, volunteers or agents, such treatment is necessary for the minor child and (b) attempt(s) to reach me (us) have failed or in the judgment of said teachers, assistants, staff, volunteers or agents, the need for treatment is so immediate that there is not time to make such attempt(s), and (2) to authorize any x-ray examinations, anesthetic, diagnosis, medical, dental or surgical treatment, or hospital or clinic service that may be required by said minor in the estimation of a physician, whether such diagnosis or treatment is rendered at the office of said physician or at a hospital. It is understood that this authorization is given in advance of any specific diagnosis or required treatment and is given to encourage said hospital and said physician to exercise their best judgment as to the requirements of such diagnosis and treatment in those instances when a parent or guardian of the minor is unavailable to provide consent to treatment.

In addition, I/we understand that the minor child may participate in field trips from time to time; therefore, I/we hereby authorize Rhea County Academy to arrange transportation for such field trips.

Furthermore, I/we, jointly and severally, as parent(s) and legal guardian(s) of the minor child, hereby release, discharge, and agree to hold harmless and indemnify Rhea County Academy, its Board of Directors, employees, volunteers, and their agents, from any and all liability, actions, causes of action, costs, expenses, compensation, damages, claims or demands resulting from (1) decisions made in selecting medical or dental providers or in authorizing medical or dental treatment, (2) injuries or property damage resulting from treatment or transportation to and from any facility for the purpose of obtaining such treatment, or (3) the minor child participating in any field trip, including any and all claims for personal injuries or property damage sustained while participating in or traveling to or from any field trip.

SPECIFIC AUTHORIZATION

This authorization is valid from August 15, 2014 to June 1, 2015

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Any Legal Guardians must sign this form.



Redefining Education for a Higher Purpose

2014-2015 Tuition and Fees Payment Schedule

NAME (person responsible for account) _____

STUDENT(S) Name _____ Grade _____ Name _____ Grade _____

Name _____ Grade _____ Name _____ Grade _____

Application Fee \$50 (nonrefundable)

Payment Plan Options (*Please select one of the following*):

☐ 1) Lump sum payment..... due August 10 and January 10

☐ 2) 10 Monthly payments..... K4&5 \$375, 1-6th \$400, 7-8th \$420 or H.S. \$450 per month from Aug. 10 - May 10

Semester Tuition:..... \$1,825 - K4 (5 days @ week)
(includes textbooks & all fees) \$1,160 - K4 (3 days @ week)
\$ 840 - K4 (2 days @ week)
\$1,825 - Kindergarten
\$1,950 - 1st thru 6th grades
\$2,050 - 7th & 8th grades
\$2,200 - High School

Payment dates: The semester tuition amount or first monthly semester tuition payment amount will be payable on Aug. 10 and on Jan. 10.

Late Payment: Please note that payment is due on the 10th day of each month. RCA will apply a late payment charge of \$20 per child for payments not received by the 15th of each month.

Method of Payment: Make checks payable to Rhea County Academy. To ensure credit for on-time payment, it must be postmarked by the above stated dates. Any issues regarding tuition payments should be discussed with the RCA administrator or treasurer only.

Discount Type	Amount	Comments
Multiple Student	10% 2 nd Student, 30% Each additional student	
Christian Ministry	50% Each student	Must be a full-time employee of a 501(c)3
Bryan College	50% Each student	Must work at least 20 hours/week

I agree to pay Rhea County Academy on a timely basis and in accordance with the above stated guidelines.

Signed: _____ Date: _____