

For office use only:			Date	Check #	Amount
Date Rec'd _____	Coupon Book _____	Reg. Fee _____	_____	_____	_____
Sig. Check _____	Testing Complete _____	Matric. _____	_____	_____	_____
Fam. Packet Recd _____	Transcripts requested _____	Tuition _____	_____	_____	_____

Rochester Hills Christian School

3300 S. Livernois
Rochester Hills, MI 48307
(248) 852-0585
A Ministry of RHBC

STUDENT APPLICATION

Grade Information: Academic Year _____ to _____ Grade applied for: _____ Date of application _____

If you are enrolling your child in K4 or K5 (kindergarten), do you prefer AM or PM? AM _____ PM _____
Will this child also be enrolled in Sonshine Academy (extended care)? YES _____ NO _____

RHCS Mission Statement: Rochester Hills Christian School is committed to providing excellence in Christian education in an environment which is supportive of Bible-believing, Christ-centered families and their churches and to nurturing individuals to become caring, contributing members of the Body of Christ and of society.

This application does not assure final enrollment but provides information upon which a decision will be based. The Registration Fee is payable with the application and is a non-refundable fee.

How did you hear about RHCS? _____
(Please give name if by a current RHCS family)

Student Information

Name in full _____ Birthdate _____ Boy () Girl ()

Address _____ Last First Middle City State Zip _____

Home Phone _____ Place of Birth _____ Parents email address _____

With whom is the child living: _____ Are there any custodial situations () yes () no
(If yes, explain on a separate sheet of paper)

Has student had any discipline problems in school? _____ Has student been suspended? _____ or expelled from school? _____

If yes to either, please explain: _____

Previous school and complete address: _____
(necessary to request records)

Parents or Legal Guardian Information (with whom student resides)

Father's Name _____ Occupation _____ Work phone _____

Employer _____ Employer address _____ Cell phone (____) _____

Marital status: Married () Separated () Social Security : ____/____/____

Divorced () Single () Driver's license: ____/____/____/____

Describe your relationship with Jesus Christ _____

Mother's Name _____ Occupation _____ Work phone _____

Employer _____ Employer address _____ Cell phone (____) _____

Marital status: Married () Separated () Social Security : ____/____/____

Divorced () Single () Driver's license: ____/____/____/____

Describe your relationship with Jesus Christ _____

Person primarily responsible for finances: _____

STATEMENT OF COOPERATION

***** PLEASE READ CAREFULLY AND SIGN BOTH SPACES BELOW *****

I AGREE to accept all regulations of the school in the applicant's behalf.

I GIVE PERMISSION for my child to take part in all school activities, including sports and school-sponsored trips away from school premises and absolve the school from liability to me or my child because of injury to my child at school or during any school activity.

WE PLEDGE to pay our financial obligations to the school, and we understand that a \$20 late fee will be assessed on the 8th of each month if payment has not been received by the 7th of that month. We understand that if our account is delinquent at the 9-week exam period without special payment arrangements, our child will not be allowed to attend class. We also understand that a \$20 fee will be charged for each returned check. After three returned checks, only cash or money orders will be accepted.

I AGREE that my child's records will be held until all financial obligations are met.

I UNDERSTAND that Rochester Hills Christian School reserves the right to expel my child for failure to comply with the established regulations and discipline, or for failure to exhibit harmony with the philosophy of the staff and administration. I further understand that my child may be dismissed from school should the financial obligation remain unpaid after the date due.

I AGREE to uphold and support the high academic standards of Rochester Hills Christian School by providing a place at home for my child to study and to give him/her encouragement in the completion of homework assignments.

I AGREE to authorize and support this school to employ such discipline as it deems wise and expedient for my child. Further, we agree to cooperate with the school by appropriately disciplining our child at home.

I UNDERSTAND the standards of Rochester Hills Christian School do not tolerate profanity, obscenity in word or action, dishonor to God or the Word of God, disrespect to the personnel of the school or any form of worldliness.

WE UNDERSTAND that the school reserves the right to discipline or expel any student who does not cooperate (or whose parents do not cooperate) with the educational process, on or off campus. We understand the school does not tolerate conduct that violates biblical principles, dishonors God, or casts a poor reflection on the name and reputation of the school. We also understand the school has "zero tolerance" toward student involvement with alcohol, sexual misconduct, and/or assault or use/possession of a weapon. We further understand that the filing of a lawsuit against Rochester Hills Christian School or Rochester Hills Baptist Church constitutes a breach of the statement of cooperation and will result in an automatic expulsion of my children until such matters are resolved.

I AGREE to attend Parent Orientation when the exact time of the meeting is announced.

WE AGREE to insure that our child arrives at school on time each day. We further agree to see that our child maintains regular attendance, and we understand that absences in excess of 13 days in a semester (without a written doctor's excuse) may result in failure for the semester.

I HAVE READ the Student Handbook and agree to encourage my child to comply therewith and will not criticize school rules to my child. We realize that to do so will make it difficult for him/her to maintain a right attitude.

I AGREE to support Rochester Hills Christian School with a willing and cheerful attitude.

I WILL NOT criticize the administration and/or teachers of the school in the presence of my children and others.

I WILL NOT make critical comments publicly, but will seek a private meeting with the administrator when administrative decisions are reached and school policy is established with which I disagree.

I HAVE READ the Statement of Faith in the handbook and give permission to the school to teach this doctrine to my child.

I HAVE CAREFULLY READ THE ABOVE TERMS AND PLEDGE, BY MY SIGNATURE, TO COOPERATE ACCORDINGLY.

Date: _____

Signature: _____

Printed Name: _____
(Parent or Guardian)

Date: _____

Signature: _____

Printed Name: _____
(Parent or Guardian)

*****ADDITIONAL INFORMATION*****

Sibling information:

Name	Age	Current grade	School attending
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Previous Addresses (past three years):

Street _____ City _____ State _____ Zip _____

Street _____ City _____ State _____ Zip _____

Learning ability: Has student ever been diagnosed with any of the following? (✓)

- Attention Deficit Disorder
 - Dyslexia
 - Vision Impairment
 - Hearing Impairment
 - Speech Impairment
 - Hyperactivity
 - Other: _____
- Explanation: _____

Physical disability/ health problems:

Does the student have any physical disabilities or limitations? _____ If yes, please list and explain.

Does the student have any chronic or permanent medical problems? _____ If yes, please list and explain.

Is the student currently under medication for any type of disorder? _____ If yes, please list and explain.

Has the student undergone psychological counseling for any type of problem? _____ If yes, please list, tell extent and explain.

Has the student ever been involved in the use of any of the following:

Drugs (illegal substances) Tobacco (any type) Alcoholic drinks

If yes, please explain: _____

Has the student ever been in any trouble that involved a law enforcement officer or a court? If yes, give circumstances, dates and explanation.

Is the student welcomed to re-enroll in school last attended? If no, please explain:

Does the student testify of personal faith in Christ? If yes, please share testimony of faith.

Does your family attend church regularly? Yes No Name of church _____

Church address: _____
Street City State Zip Phone #

Pastor's Name: _____ Youth Pastor's Name: _____

Explain why you wish your child to attend RHCS: _____

REFERENCES:

Pastor: _____

School teacher (from last year): _____

Name _____

Name _____

Address _____

Address _____

Wk. Phone _____ Home _____

Wk. Phone _____

I hereby signify that the above information and statements are true to the best of my knowledge.

Father's signature

Date

Mother's signature

Date

WAIVER

We, I, the parent(s) of _____ do hereby allow Rochester Hills Christian School, a Michigan non-profit organization, to photograph the above mentioned child in or about the school premises and during the course of school activities either on or away from campus to be used in conjunction with Rochester Hills Christian School's catalog, yearbook, other publications or circumstances resulting in public viewing of said photograph.

We, I, expressly waive any and all rights to compensation and/or royalties, etc. for the use of said photographs.

(X) _____
Signature of Parent or Guardian

Date _____