

Robinson Township Christian School

77 Phillips Lane, McKees Rocks, PA 15136
Office: 412-787-5919 Fax: 412-787-1558

New Family Application 2010-2011 School Year

Welcome to Robinson Township Christian School. We look forward to getting to know you more. Please fill out this application clearly and completely so that we are best able to serve your family.

Please return the completed form to the school office with the \$100 Application Fee.

Date of Application _____

Student(s) Individual Information

Full Name (legal)				
Gender	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F
Birth Date				
Social Security Number				
Grade Applied for				
Current School, Address & Fax Number <i>(required for 1st-12th)</i>				

* Kindergarten is currently offered as a morning session.

Note that children must meet the following requirements:

- For 3-Year Preschool, child must be 3 years old by September 1, 2010.
- For 4-Year Preschool, child must be 4 years old by September 1, 2010.
- For Kindergarten, child must be 5 years old by September 1, 2010.
- Kindergarten applicants **must** present a copy of a birth certificate and immunizations.

Preschool Section Applied for:

- 3A T/H - a.m.
- 4A M/W/F - a.m.
- 4B M/W/F - p.m.

Student(s) General Information

Address: _____ **Phone:** _____

City State Zip code

Student(s) resides with: Both Parents Mother Father Other Guardian _____

Office Use Only

Received Application: ___/___/___	<input type="checkbox"/> Social Security Number	<input type="checkbox"/> School Records Rec'd: ___/___/___
Per Family Application Fee: \$100.00 Rec'd: ___/___/___ <input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash	<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Interview
Tuition Amount: \$ _____ <i>(+ \$50 Payment Plan Fee, if applicable)</i>	<input type="checkbox"/> Immunizations	<input type="checkbox"/> Assessment Test
Per Student additional fees: PS/KN Materials Fee: \$ 50 1 st - 6 th Book Fee: \$ 50 \$ _____ 7 th -12 th Book Fee: \$100		<input type="checkbox"/> Letter of Acceptance

Robinson Township Christian School admits students of any race, color, nationality, or ethnic origin.

Parent/Guardian Information (Fill out columns that apply.)

	Father	Mother	Legal Guardian <small>(if different from parents)</small>
Name			
Address <small>(if different from student)</small>			
Home Phone <small>(if different from student)</small>			
Employer			
Occupation			
Work Phone			
Cell Phone			
E-mail Address			
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Separated* <input type="checkbox"/> Remarried	<input type="checkbox"/> Married <input type="checkbox"/> Divorced* <input type="checkbox"/> Widowed	<input type="checkbox"/> Single <input type="checkbox"/> Separated* <input type="checkbox"/> Remarried
		<input type="checkbox"/> Single <input type="checkbox"/> Separated* <input type="checkbox"/> Remarried	<input type="checkbox"/> Married <input type="checkbox"/> Divorced* <input type="checkbox"/> Widowed
			<input type="checkbox"/> Single <input type="checkbox"/> Separated* <input type="checkbox"/> Remarried
			<input type="checkbox"/> Married <input type="checkbox"/> Divorced* <input type="checkbox"/> Widowed

* RTCS reports academic progress and general school information to Parents/Guardians.

School District/Busing Information

School District of Residence: _____ (Required)

Do you wish to receive busing from your district? Yes No

Church Information

Name of Church: _____

Church Address: _____

City State Zip code

Pastor's Name: _____

Are Parents/Guardians members? (check if yes) Father Mother Guardian

Emergency Contact Information

Please name a person to contact in case of an emergency other than Parent/Guardian (Required):

Name _____ Home Phone _____

Relationship _____ Other Phone _____

General Medical Information

Please list and describe any health, physical, mental, or other problems of each child applying for enrollment of which RTCS should be aware. Include any allergies.

Child(ren)'s Physician: _____ Phone: _____

Other Important Information

All Families:

1. List any outstanding abilities (physical, mental, artistic, musical, social, etc.) your child(ren) possess(es):

2. Are all school-age children in the family applying for enrollment? Yes No

3. Please state the names and dates of birth of any children not applying:

4. Do you believe each child applying for enrollment is physically and mentally prepared for school? Yes No

5. Is it your desire to have your child(ren) continue through all the grades offered at RTCS? Yes No

If the answer to any of the above is no, please explain.

6. Please state the reasons you wish to enroll your child(ren) in a Christian school and, particularly, in RTCS.

7. Personal or Pastoral Reference

Name _____

Occupation _____

Address _____

Phone _____

Kindergarten through 12th Grade Only

Have any of the applying students...

1. ... ever been under academic or disciplinary suspension, probation, or similar actions? Yes No

2. ... ever been expelled from any school? Yes No

3. ... ever repeated a grade? Yes No

Do any of the applying students...

4. ... have a "Consultation Report" prepared by the Allegheny Intermediate Unit? Yes No

5. ... qualify for a "Special Services Plan" in the public school sector by virtue of his or her diagnosis under the Federal 504 Regulations? Yes No

6. ... have an "IEP" (Individualized Education Program) for preschool-age students or older? Yes No

If you answered yes to any of the above, please explain below and provide documentation, if applicable.

Preschool Only

1. Does your child have any previous preschool experience? Yes No Where? _____

2. Has your child had any experience with a play group? Yes No Where? _____

3. Is your child able to use the potty unassisted? Always Sometimes Not Yet

4. Is your child able to verbally communicate his/her needs? Always Sometimes Not Yet

Enrollment Contract

- I. **Beginning the Year:** In order for the student to begin the school year, you must have paid all installments and charges due to date, including any outstanding charges from a prior year, or furnish evidence of other payment arrangements to satisfy those charges.
- II. **Payment of Tuition:** You agree to pay all tuition and fees in full. This may be either a single payment or twelve monthly payments, unless special arrangements are confirmed in writing. If making monthly payments, you agree to pay by the 1st day of each month. (If the student is receiving financial aid from a third-party scholarship fund, a copy of the financial aid offer will govern the tuition payment amounts.) If payment is not received by the 10th of the month, a \$25 late fee may be assessed. Checks returned NSF will incur a \$30 charge. If payment is not received by the 30th of the month, the student may not be permitted to attend RTCS until the past due amount is paid in full.
- III. **Termination/Withdrawal:** If the contract is terminated at any time, you will pay the following:
- \$100 termination fee.
 - 15% of the remaining tuition balance if the contract is terminated more than 30 days and less than 90 days before the start of school.
 - 20% of the remaining tuition balance if the contract is terminated before school starts, but less than 30 days before school starts.
 - 30% of the remaining tuition balance if the contract is terminated after school starts.
- All parties have the right to a written appeal to the RTCS Board of Directors within ten days of withdrawal.
- IV. **Transfers/Graduates:** In the case of a student's leaving the School, either by transfer to another institution or by graduation, you agree to pay any outstanding tuition or charges prior to academic records being released. Also, in the case of a graduate, the student's participation in final examinations, commencement ceremonies, or other culminating programs may be suspended; and we may withhold his/her diploma until final payment is received.
- V. **Collection:** You agree to pay all of the School's costs and reasonable attorney's fees if we have to bring legal action to collect fees, payments, or other charges. You authorize us to make whatever inquiries necessary in the course of review or collection of any credit extended.
- VI. **Commitment:** You agree...
- to accept and comply with our rules and regulations.
 - that we may dismiss the student if he/she does not obey our rules and regulations.
 - to cooperate with the School in the discipline and education of your child.
 - to maintain an attitude of commitment and prayerful support for the School in both yourself and your child(ren).
- VII. **Applicable Law:** You agree that the meaning and effect of this contract will be determined according to the laws of The Commonwealth of Pennsylvania.
- VIII. **Acceptance:** To reserve a place for the student for the 2010-2011 school year, you must sign the Enrollment Contract/Application and return it to RTCS. If approved, the RTCS Board President will then sign the contract and a copy will be returned to you. **Neither this contract nor any financial aid is binding until both you and the RTCS Board President have signed**

