

**Revival Christian Academy
Independent Study Program**

29220 Scott Road
Menifee, California 92584
(951) 672-3157 x257

OFFICE USE ONLY

Pastor's Reference _____
Stmt. Of Faith _____
Immun. Records _____
HSLDA _____
Date _____

REGISTRATION APPLICATION

(One per family. Please print in black ink)

Date of Application _____ School Year _____ New Applicant Yes _____ No _____

Family Name _____
Last Husband's First Name Wife's First Name

Home Address _____
Street City State Zip

Mailing Address (If different) _____

Telephone Number: Home() _____ Work() _____ Cell() _____

E-mail Address _____ I am willing to respond to all emails within 7 days _____

Nearest Relative _____
Name Address Phone

Referred to school by _____ Years you have home schooled _____

Name of Church _____ Years attended _____ Do you attend regularly _____

PARENT INFORMATION

Father's Place of Employment _____

Address _____

Mother's Place of Employment _____

Address _____

Marital Status: Married Remarried Divorce Single
(check all that apply)

If biological parents do not live at the same address, please list information of parent not living with child:

Name _____ Phone # _____

Address _____

Is this parent in agreement about home schooling the children? Yes No

Office Use Only
INT _____ Cash _____ CHK# _____ AMT _____ Date _____ Checking Acct. # _____

CHILDREN INFORMATION

Below please list all children to be enrolled in our ISP this year:

<u>First & Last Names</u>	<u>Sex</u>	<u>Birthdate</u>	<u>Age</u>	<u>Grade</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Below, please list all other children who reside in your home:

<u>First and Last Names</u>	<u>Age</u>	<u>Grade</u>	<u>School they will be attending</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

REGISTRATION FEES –

Number of Students (K-8th) _____ x \$60.00 _____ = _____
 Number of Students (9th-12th) _____ x \$85.00 _____ = _____

Tuition Fees:

One Student - \$20.00 month (\$200.00 per year) _____
 Two Students - \$25.00/month (\$250.00 per year) _____
 Three Students - \$30.00/month (\$300.00 per year) _____
 * There will be a \$25.00 fee for all returned checks. **Total** _____

TRANSFER OF RECORDS

If your child has previously attended another school, we will send for his/her cumulative record file. Please fill in the following information **COMPLETELY** for last school attended.

<u>Legal Names of Students</u>	<u>Birthdates</u>	<u>Last School Attended</u> (Name/Address/Zip, phone number)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

HOME SCHOOL LEGAL DEFENSE ASSOCIATION

Are you currently a member? _____ If so, what is your renewal date? _____
 What is your HSLDA #? _____ (Please submit a copy of membership card.)

You are required to join HSLDA. The only exceptions are families whose enrolled children are under 6 years old or have reached age 18. Failure to do so will result in termination of your enrollment at RCA.

I promise to pay any HSLDA renewal fee by the first of the month in which it is due. I realize that failure to do so terminates my enrollment at RCA retroactive to the HSLDA expiration date.

Signed _____ Date _____

FACULTY INFORMATION

Student will be taught by (name) _____

Name, address & telephone of secondary teacher (other than parent) _____

Primary location of school will be _____

As a private school, we are required by law, to keep on file the qualifications of our teachers. For all new and continuing members, please list your qualifications (include all schools attended, degrees/credentials, teaching experience, other education or related experience such as Sunday School teacher training, etc. _____

MEDICAL INFORMATION

In the rare instance of a medical emergency at a school-sponsored activity in which the parents cannot be reached, we will need the following information including the signed release below, which covers all children enrolled in Revival Christian Academy.

First Aid:

May we administer regular first aid including ambulance if deemed appropriate? Yes No

Do you authorize hospital or doctor to administer necessary medical treatment? Yes No

Does any child have a serious health problem? Yes _____ No (Identify if yes)

Child's Name _____ Problem _____

Child's Name _____ Problem _____

Emergency contacts (at least one besides parents):

Name _____ Phone # _____

The school does not pay physician fees or medical expenses of students who are injured at school or school-sponsored activities.

Authorized Signature _____

(parent or legal guardian)

CODE OF CONDUCT

1. Speech: Words and conversation at all school functions, including field trips, should not be vulgar, coarse, swear words, malicious gossip, or complaining loudly about the school or it's polices. Please remember Your words represent you and the values of your family.
2. Behavior: Actions at all school functions, including field trips, should be above reproach according to school Policies. This includes children misbehaving in various ways: Running (when not appropriate), pushing, wrestling, hitting, kicking, screaming, spitting, teasing, biting, etc.

DRESS CODE (SEE HANDBOOK)

STATEMENT OF FAITH

WE BELIEVE that there is one living and true **GOD**, eternally existing in three persons: the Father, the Son, and the Holy Spirit equal in power and glory: that this triune God created all, upholds all and governs all.

WE BELIEVE that the **SCRIPTURES** of the Old and New Testaments are the Word of God, fully inspired without error in the original manuscripts, and the infallible rule of faith and practice.

WE BELIEVE in **GOD THE FATHER**, an infinite, personal Spirit, perfect in holiness, wisdom, power and love. That He concerns Himself mercifully in the affairs of men, that He hears and answers prayer and that He saves from sin and death all who come to Him through Jesus Christ.

WE BELIEVE in **JESUS CHRIST**. God's only begotten Son, conceived by the Holy Spirit. We believe His virgin birth, sinless life, miracles and teachings. His substitutionary atoning death, bodily resurrection, ascension into heaven, perpetual intercession for His people and personal visible return to earth.

WE BELIEVE in the **HOLY SPIRIT**, who came forth from the Father and Son to convict the world of sin, righteousness, and judgement, and to regenerate and empower for ministry all who believe in Christ. We believe the Holy Spirit indwells every believer in Jesus Christ and that He is an abiding Helper, Teacher and guide. We believe in the exercise of all Biblical gifts of the spirit.

WE BELIEVE that all **PEOPLE** are sinners by nature and choice and, therefore, are under condemnation; that God regenerates by the Holy Spirit those who repent of their sins and confess Jesus Christ as Lord; that Jesus Christ baptizes the seeking believer with the Holy Spirit and power for service, often subsequent to regeneration.

WE BELIEVE in the universal **CHURCH**, the living spiritual body of which Christ is the Head and all regenerated persons are members.

WE BELIEVE that the Lord Jesus Christ committed two **ORDINANCES** to the church: 1) baptism and 2) the Lord's Supper. We believe in baptism by gifts of the Spirit of healing.

WE BELIEVE also in the **LAYING ON OF HANDS** for the baptism of the Holy Spirit, for the ordination of pastors, elders, and deacons, and for the receiving gifts of the Spirit of healing.

WE BELIEVE in the personal, visible **RETURN OF CHRIST** to earth and the establishment of His Kingdom, in the resurrection of the body, the final judgement and eternal blessing of the righteous and endless suffering of the wicked.

SCHOOL POLICIES

Please read the following statements. If you are in agreement and will abide by these policies, sign at the bottom and return with your registration fees.

1. Due to the ambiguous political legal position of private home educating programs, we understand that the school cannot offer legal immunity and is only providing school services to assist parents in the schooling of their children.
2. We agree to become members of **HOME SCHOOL LEGAL DEFENSE ASSOCIATION**. A discount is available when we join through the school. **HSLDA** does not give refunds for any reason.
3. We agree that at least one parent will attend the monthly teachers meeting. We understand that more than two absences will be cause for automatic dismissal.
4. We realize that although the school is keeping our children's records, it is in no way responsible for their actual education and we will not place blame on the I.S.P. for failing in that purpose.
5. We have read the School's Statement of Faith and we are in agreement with it. We understand that the Christian faith is the basis of this organization.
6. We understand that when our children attend school-sponsored activities, the parents are required to attend with their children and are responsible for their safety, supervision and abide by the Code of Conduct.
7. We understand that failure to pay tuition for more than two consecutive months without notifying school of extenuating circumstances will result in automatic dismissal.
8. We attend church regularly and have returned a pastor's reference.
9. We understand that our responsibility as parents are as follows:
 - a. Both parents must be in agreement concerning home study.
 - b. Parents agree to diligently and consistently teach their student(s) a reasonable course of study and provide parental supervision during school hours.
 - c. The school will supply record-keeping forms. Parents will keep records and provide reports to school as required. If reports are delinquent, late fees will be imposed.
 - d. Parents will provide and pay for their own curriculum.
 - e. Our children recognize our God-given authority in our home, and both of us discipline our children.

CONSENT TO POLICY

We have read the above policies and agree to abide by them. It is understood that the services of the I.S.P. are engaged by mutual consent and that either we or the school reserve the right to terminate any and all services at any time by written notification.

Father's Signature _____ Date _____

Mother's Signature _____ Date _____

Student's Signature _____ Student's Signature _____

Student's Signature _____ Student's Signature _____

Student's Signature _____ Student's Signature _____

