



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. The decision to attend a RCA should be made only after weighing all of the benefits as well as the sacrifices that may be necessary. 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 of Cooperation and distribute the recommendation forms to a pastor and a personal reference.
2. Students in grades 5-10 should review and sign the Student Conduct Agreement.
3. Parent(s) must provide a copy of their student's Immunization History with the application.
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.
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; both parents and the student must attend. It is our opportunity to get to know one another and to determine the extent of a good match between the school and the family (parents and student).
9. RCA will notify the family of the student's admittance status immediately upon determination by the Admissions Committee.

If you have questions, please contact us at rca@RheaCountyAcademy.org or call us at 775-2826.

FAMILY INFORMATION - Attach custody or legal guardianship papers if applicable. Please be sure that all information 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 Sheet

Child's Name _____ Date of Birth _____

Home Phone _____ Dad's work _____ Dad's cell _____

Mom's work _____ Mom's 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 the physician of its choice to provide emergency medical care in the event that neither we nor our family physician can be contacted immediately. RCA will use Rhea County Hospital for emergency purposes.



Student Conduct Agreement

(Grades 5 – 10)

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 and make attentive eye contact with the person giving directions. (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 obey cheerfully, with a thankful attitude, and without grumbling, grimacing expressions, sighing, and non-verbal complaining. (I Thessalonians 5:18) *“...in everything give thanks; for this is the will of God in Christ Jesus for you.”*
3. 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.”*
4. 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.”*
5. I will speak only the truth and words that will be helpful to others. I will not talk about others behind their back and will not be a “tattle tale”. (Ephesians 4:25) *“Therefore, putting away lying, ‘Let each one of you speak truth with his neighbor,’ for we are members of one another.”*
6. 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.”*
7. I will display order by keeping my personal belongings and the school’s appearance neat. (I Corinthians 14:40) *“Let all things be done decently and in order.”*

Student Name : _____

Student Signature

Date



Pastoral Recommendation Form

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 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.

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 attendance

___ Teaching

___ Choir

___ Youth activities

___ Structured

___ 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 this reservation _____

Signature _____ Church _____

Name (please print) _____ Phone _____

Position _____ Date _____

Please mail this form directly to the address below or e-mail to rca@RheaCountyAcademy.org

**Rhea County Academy
P.O. Box 925
Dayton, TN 37321**

Thank you for your help with this student's application process.



Personal Recommendation Form

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? _____

Would you want your child to attend school with this student? _____ Why or why not? _____

What are this person's greatest strengths? _____

What are his/her weaknesses? _____

I recommend this student: Yes ___ No ___ With this reservation _____

Additional comments: _____

Signature _____ Phone _____
Name (please print) _____ Date _____
Relationship to student _____

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



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, 2009 to June 1, 2010

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Both Parents/Guardians must sign this form.

Daytime Telephone Number _____

Evening _____



AUTHORIZATION FOR RELEASE OF EDUCATIONAL RECORDS

Please complete the authorization below and return this form with your child's application.

Student's Last Name

First Name

Middle Name

Birth Date

Grade

In accordance with Federal regulations regarding the privacy rights of parents and students under The Family Educational and Privacy Act of 1974, the undersigned hereby requests the release to Rhea County Academy all educational records, including recommendations and other information as may be requested, regarding the above-named student who has been accepted by Rhea County Academy.

Signature of Parent or Legal Guardian

Date

TO PRINCIPAL, GUIDANCE COUNSELOR, OR RECORDS OFFICE

PREVIOUS SCHOOL

ADDRESS

CITY, STATE, ZIP

The student named above has been accepted for admission to Rhea County Academy. Please send the following:

1. A transcript of the student's record to date.
2. A copy of the student's complete test profile.
3. Health records including immunization, vision, and hearing tests.
4. A copy of all disciplinary records.
5. A copy of all psychological reports.
6. A copy of the student's Individual Educational Plan.
7. A copy of the student's Special Education Placement forms.

Please mail information to

Rhea County Academy
P.O. Box 925
Dayton, TN 37321

For office use only

Date records requested

Date records received



2009-2010 Tuition and Fees Payment Schedule

NAME (person responsible for account) _____

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

Name _____ Grade _____ Name _____ Grade _____

Application Fee..... \$50 (nonrefundable) \$25 for K4

Annual Tuition:..... \$1,000 - K4 (***Mondays & Wednesdays only***)
 (does not include textbooks) \$2,600 – Kindergarten
 \$2,800 – 1st thru 6th grades
 \$3,000 – 7th & 8th grades
 \$3,200 – 9th & 10th grades

Nonrefundable Deposit:..... one month's payment per child (due by July 10, 2009)

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

1) Lump sum prepayment..... (per child per semester)
 1st semester amount due August 10, 2009 second semester amount due January 10, 2010

2) Monthly payments..... \$110, \$280, \$300, \$320 or \$340 per month from Sept. 10, 2009 – May 10, 2010

Non-Refundable Deposit: a nonrefundable deposit of one months' tuition per child is required by July 10, 2009 to hold a place for the 2009 - 2010 academic year. This amount will constitute the first tuition payment for the academic year. The remaining tuition amount will be payable on Aug. 10, 2009 and on Jan. 10, 2010 or by making 9 monthly payments beginning on Sept. 10, 2009.

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.

Multiple Student Tuition Discount:

10% 2nd student
 30% 3rd and more students

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

Signed: _____ Date: _____