

Date Received _____
Check # _____
Status _____
Date _____

Registration _____
Faith Statement _____
Birth Certificate _____
Immunization _____
Interview _____

Rutland Area Christian School
112 Lincoln Avenue
Rutland, VT 05701-3260
Phone: (802) 775-0709 Fax: (802) 786-0111

APPLICATION FOR ENROLLMENT

(Please Circle one): Pre-School Kindergarten 1 2 3 4 5 6 7 8 9 10 11 12

(Please print name exactly as it should appear on all permanent records)

APPLICANT _____
Last First Middle Name Used
Male _____ Female _____ Date of Birth _____ Soc. Sec. # _____

Name of Parents or Guardians _____

Present Address _____
Street or Rural Route or Post Office Box

City State Zip Code Home Phone

Applicant lives with (check all that apply)

_____ Father _____ Stepfather _____ Mother _____ Stepmother
_____ Other (explain) _____

Applicant's previous school: _____

Father's Occupation _____

Business Address _____ Tele. _____

Mother's Occupation _____

Business Address _____ Tele. _____

Siblings' names, ages and schools attending: _____

Do you plan to enroll any of the above in RACS? _____ Yes _____ No

<u>Names</u>	<u>Date of Birth</u>
_____	_____
_____	_____
_____	_____

Name of Church you attend _____

Pastor/Elder _____ Tele. _____

Has the applicant ever been tested, diagnosed, or received special help for reading or learning difficulty, or recommended for any special education program or special school (e.g. resource room, attention deficit, L.D. placement, etc.)? Yes _____ No _____

If Yes, please explain fully _____

Has the applicant ever been retained? Yes _____ No _____

If Yes, please explain fully _____

To Parent or Guardian: Please make a full statement as to why you want to enroll this student in the Rutland Area Christian School.

To Parent or Guardian: Please make a full statement describing your personal call to faith and belief in our Lord Jesus Christ.

Signatures: Mother _____ Date _____

Father _____ Date _____