

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 class or grade):**

T-Th A.M. Preschool	Full-day Kindergarten					
T-Th A.M. Preschool & Afternoon Care	1	2	3	4	5	6
M-F A.M. Preschool	7	8	9	10	11	12
M-F A.M. Preschool & Afternoon Care						

(Afternoon preschool care will only be offered if there are 5 or more students.)

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

APPLICANT \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Name Used \_\_\_\_\_  
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 \_\_\_\_\_  
Email address \_\_\_\_\_

Applicant lives with (check all that apply):

\_\_\_\_\_ Father \_\_\_\_\_ Stepfather \_\_\_\_\_ Mother \_\_\_\_\_ Stepmother \_\_\_\_\_  
\_\_\_\_\_ Other (explain) \_\_\_\_\_

Applicant's previous school: \_\_\_\_\_ Phone \_\_\_\_\_

Father's Occupation \_\_\_\_\_

Business Address \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Occupation \_\_\_\_\_

Business Address \_\_\_\_\_ Phone \_\_\_\_\_

Siblings' names, ages and schools attending: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Names & Date of Birth

\_\_\_\_\_  
\_\_\_\_\_

Name of Church you attend \_\_\_\_\_

Pastor/Elder \_\_\_\_\_ Phone \_\_\_\_\_

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.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NEW STUDENTS MAY BE GIVEN A GRADE LEVEL SCREENING TEST.

Signatures: Mother \_\_\_\_\_ Date \_\_\_\_\_

Father \_\_\_\_\_ Date \_\_\_\_\_