



## 2017-2018 Student Application

### **Mission Statement:**

Royal Point Academy is a Christ-centered institution whose purpose is to assist parents and families in the education and building of Christian character in their children. We strive to give each student the individualized attention they need by implementing Biblical and academic standards. Our goal is to inspire our students in reaching their highest point.

### **History:**

Royal Point Academy was established in 1996 under the ministry of Church of Acts with Pastor Robert & Veronica Pena. We originally opened our doors after a revival movement exploded within our children and youth. Since then, our vision has been to cultivate our student body spiritually and academically through the A Beka Book curriculum. We currently provide education for children 3 years old through the 4th grade and growing with every year.

### **Admissions Information**

We are delighted you have elected to begin the enrollment process! Please carefully follow these steps to ensure a speedy and accurate process.

#### ***1. Application***

Complete this application (including signatures on all forms), include copies of the below requested items and submit as a complete package to the RPA office. Partially completed applications will not be accepted.

- Enrollment Application** (Note: referral forms are included on the following pages of this application; please detach and give to the appropriate individuals.)
- Birth Certificate**
- Social Security Card** (<http://www.ssa.gov/online/ss-5.html>) you are able to print an application at this website; complete and take it to the local Social Security office.

**Immunization Records**

Please be certain your child's immunizations are current. For an immunization schedule, please contact your health provider or see this website: <http://www.dshs.state.tx.us/immunize/default.shtm>.

**Copies of most recent report card**, prior year report card and TAKS or other standardized testing

**\$250 Registration fee** (payable to Royal Point Academy)

**Predated, completed and signed checks for each month: August 1 - May 1 (10 total)**

**Financial Agreement**

**Court Documents** (If applicable) If divorced, a copy of court documents indicating custody is required for your child's safety. This will be placed in his/her permanent file.

If applicable, also include:

**After School Care Application** (if applicable)

**2. Admissions Testing**

An Admission assessment test will be scheduled once receipt of the above forms has been verified. Tests are scheduled during regular school hours and take approximately 1 hour. This is required for first grade and up. The cost is \$30.

**3. Interview with School Principal**

Upon submission of the completed application, you will be contacted to schedule a family interview. The student and custodial parent(s) / guardian are all requested to attend. Interviews are scheduled during regular school hours.

You will be notified by the school principal of your admissions standing generally within a week of completing the family interview. Placement in a class is not reserved until final acceptance is granted and the registration fee is paid.

Our goal is to provide a complete, accurate and speedy application process. If you have questions during the enrollment process, please contact the Office (210) 674-5310.

**4. RPA Student Profile**

Legal Name of Student: (Last, First Middle) \_\_\_\_\_

Grade for which applying \_\_\_\_\_

Gender  Male  Female

Ethnic Origin (for statistical purposes only):

American Indian  Asian  African American  Caucasian  Hispanic  Interracial

Other (specify) \_\_\_\_\_

Age \_\_\_\_\_ Birthdate \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Is your child fully potty trained?  Yes  No

Current School (where student most recently attended): \_\_\_\_\_  
Address (incl. city, st, zip) \_\_\_\_\_  
Grade(s) attended above referenced school \_\_\_\_\_  
Year(s) \_\_\_\_\_

Previous School (if applicable)

Address (incl. city, st, zip) \_\_\_\_\_  
Grade(s) attended above referenced school \_\_\_\_\_  
Year(s) \_\_\_\_\_

**5. Pick Up and Emergency Contact:**

Please list two individuals who may pick up your child or be contacted in an emergency if parent is unreachable.

May pick up  Emergency contact

1) First Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Home Phone # \_\_\_\_\_  
Cell Phone # \_\_\_\_\_  
Work Phone # \_\_\_\_\_  
E-mail \_\_\_\_\_

Relationship to student:  Grandparent  Aunt  Uncle  Sister  Brother  Friend

May pick up  Emergency contact

2) First Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Home Phone # \_\_\_\_\_  
Cell Phone # \_\_\_\_\_  
Work Phone # \_\_\_\_\_  
E-mail \_\_\_\_\_

Relationship to student  Grandparent  Aunt  Uncle  Sister  Brother  Friend

Student's (biological) parents are:  Separated  Divorced  Married

Correspondence sent to:  Both (Parents / Guardian)  Mother  Father

If divorced, please indicate the type of custody ordered by the court  Joint  Sole

*Note:* A copy of court documents indicating custody is required for your child's safety. These documents will be placed in the child's permanent file.

**6. Parent / Guardian Profile:**

FATHER (Biological) or Legal Guardian Name: (Last, First, Middle Initial) \_\_\_\_\_  
Home Phone # \_\_\_\_\_  
Cell Phone # \_\_\_\_\_  
Work Phone # \_\_\_\_\_  
E-mail \_\_\_\_\_  
Address (if different from student's) \_\_\_\_\_

Occupation & Employer \_\_\_\_\_  
Church where you regularly attend \_\_\_\_\_  
MOTHER (Biological) or Legal Guardian Name: (Last, First, Middle Initial) \_\_\_\_\_  
Home Phone # \_\_\_\_\_  
Cell Phone # \_\_\_\_\_  
Work Phone # \_\_\_\_\_  
E-mail \_\_\_\_\_  
Address (if different from student's) \_\_\_\_\_  
Occupation & Employer \_\_\_\_\_  
Church where you regularly attend \_\_\_\_\_

**7. Parent Questionnaire:**

As employees at RPA, we view ourselves as partners with you in providing a strong education within a Christian community that integrates Biblical faith and learning. To help us, we request that you complete the following information and return it to us as part of the completed application. (Please print legibly.)

I / We have read the Royal Point Academy Mission & History Statements.  Yes  No

Can you and your family fully support these RPA Statements?  Yes  No

If no, please explain:

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

Church where your family attends regularly \_\_\_\_\_

Number of Years \_\_\_\_\_

What do you feel is your child's greatest strength?

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

What do you feel is your child's greatest weakness?

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

List three character traits that best describe your child.

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_

How did you hear about RPA?  Friend  Website  Church  Other

Name of parent / guardian completing this questionnaire (Please Print)

\_\_\_\_\_

Signature \_\_\_\_\_

**8. Medical & Field Trip Release (one per student)**

This form will be on file at the school office for this upcoming school year.

I give permission for \_\_\_\_\_, grade \_\_\_\_\_, to participate in all field trips away from the school premises throughout the current school year. Students will be accompanied by a teacher and will be under adequate supervision. I understand that I will be given at least 48 hours' notice of all trips away from the school premises. I further understand that I may revoke permission for a specific field trip by written notice hand-delivered to the principal more than one day prior to the trip. Although the school desires to provide a safe and enjoyable time for all students, accidents can still happen. I/we understand that there are risks/dangers involved with participation in off-campus trips and their associated activities. In consideration of my child being allowed to participate in this event, I/we assume responsibility for those ordinary and reasonable risks associated with the travel and activities. I/we agree to indemnify and hold harmless, save and protect Royal Point Academy, San Antonio, Texas, its trustees, officers, employees, agents, volunteers, students, successors and assigns from and against any and all claims, demands, actions, suits, liabilities, losses, damages, costs, judgments and claims arising from my child's participation. This release agreement does not apply to claims of intentional (criminal) misconduct or gross negligence by the school, its employees, or volunteers. If such circumstances are proved in a court of law, I/we acknowledge and agree that the school can assume no financial liability beyond its actual liability insurance policy in force. In case of accident, illness, or other emergency, I/we request that the school contact me. If the school cannot reach a parent/guardian after conscientious effort, I/we give permission for school staff to call paramedics or any licensed physician or dentist. If a life-threatening emergency exists, I/we give permission for school staff to call paramedics immediately and then contact me/us as soon as possible thereafter. I/we authorize and consent to any X-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care, which, in the best judgment of a licensed physician or dentist, is deemed advisable. I/we agree to assume the financial responsibility for expenses incurred as a result of those services being provided. I/we also agree to be financially responsible for emergency medical transportation. I/we acknowledge that RPA reserves the right to decline my child's participation in applicable activities if I/we decline to agree with any portion of this Medical & Field

**Trip Release form:**

Guardian's Signature \_\_\_\_\_

Physician \_\_\_\_\_

Dentist \_\_\_\_\_

Allergies (including reactions to medications) \_\_\_\_\_

Medication being taken \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_

Are there any physical or medical conditions we should know about not already stated? \_\_\_\_\_

In case of emergency, who is your nearest relative or neighbor we should contact if we are unable to contact you at home or work?

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Medical Information

Does your child take medications for chronic health or attention deficit issues?  Yes  No

Please list. \_\_\_\_\_

Has your child been diagnosed with cystic fibrosis?  Yes  No

Does your child have physical or health problems?  Yes  No

If yes, please explain. \_\_\_\_\_

Does your child's physical activity need to be restricted in any way?  Yes  No

If yes, please explain. \_\_\_\_\_

The set-up of our campus requires students to utilize stairs multiple times throughout the day. Would climbing stairs be a problem for your child?  Yes  No

If yes, please explain. \_\_\_\_\_

Has your child ever been tested or received special help for reading or learning difficulties?

Yes  No If yes, please describe. (Please provide a copy of this special testing with your application packet.)

Below, check any current health condition that may require attention during the school day.

allergies (be specific)  foods

medicines

bee sting or insect bites  asthma

heart problems (be specific) \_\_\_\_\_

physical disability (be specific)  respiratory  seizures

vision problems (be specific) \_\_\_\_\_

glasses  contacts

other (be specific) \_\_\_\_\_

hearing problems

hearing aid(s)

Please list any other health or medical issues not listed elsewhere on this form.

The information above is true and complete to my/our knowledge.

Parent/Guardian's Signature \_\_\_\_\_

**9. Financial Agreement**

- All tuition is payable in advance.
- Tuition payments are due on the 1st of the month. Predated, completed checks are required by Aug 1.
- No portion of tuition is refundable in case of absence or holidays.

New Student Registration Fee

\$250.00 per student due with application, non-refundable

Returning Student Registration Fee

\$200.00 per student due with application, non-refundable  
(must be paid by March of the upcoming year)

Book Fee – Due by August 1st

\$150.00 Preschool – Kindergarten

\$250.00 1st- 4th grade

School Tuition – Payment begins August 1 and ends May 1

\*August tuition, book fees & registration to be paid before or on August 1st

\* Predated checks for Sept - May are to be completed and turned into the office by August 1st

Preschool (ages 3 &4)

\$3,250 paid in 10 equal installments (\$325.00/month)

Kindergarten – 4th grade

\$2,750 paid in 10 equal installments (\$275.00/month)

Annual Student Testing Fee – Required for students Kindergarten and higher

\$50 per student, non-refundable

Student Enrollment Testing Fee - 1<sup>st</sup> grade and up \$30.00 per student

Before & After School Care - Happy Feet Daycare

9965 Kriewald Rd, San Antonio, TX 78245

Caregiver - Veronica Pena (registered and licensed through the State of Texas)

Hours of Operation: 6am - 5pm

\$50 a week per student

**Please read carefully and sign or initial where provided.**

† By faith, we/I pledge to cooperate and be actively involved with the teachers and school personnel in all aspects of our children’s academic and behavioral performance. \_\_\_\_\_ Initial

† We/I agree to pay all of our financial obligations to RPA on or before the due date as indicated on the Financial Agreement form. Additionally, we/I will prayerfully consider supporting the school over and above tuition and fees, including financial gifts and in-kind contributions as God gives us the ability and means. \_\_\_\_\_ Initial

† As parents, we/I agree to fulfill the following requirements in the Parent Service Policy including:

- Attend Parent Orientation (Aug.), and Open House (Sept.) \_\_\_\_\_ Initial
- Volunteer twenty-five (25) hours annually (5 additional hours per child). Hours must be completed by March, hours left incomplete will result in a fee. \_\_\_\_\_ Initial

† As members of the Royal Point Academy family, we/I agree to support the RPA Policies and Procedures including, but not limited to, the following areas: communication, academic standards, dress code, personal conduct at school events and all other policies and procedures as set forth in the Parent-Student Handbook.

The Parent-Student Handbook is available to be downloaded on the website \_\_\_\_\_ Initial

† If we/I become dissatisfied with RPA staff, policies or decisions in any respect, we/I will seek to resolve matters with the person or persons involved according to the Matthew 18 Principle rather than spread criticism and encourage dissention / disaccord. \_\_\_\_\_ Initial

† We/I understand and consent to the publication of photographs and audio video in school publications and media coverage (yearbook, newsletter, website development, admissions materials, Facebook etc.). \_\_\_\_\_ Initial

Parent/Guardian (sign & print):

---

---

---