



**2010 Middle River Loop
Fayetteville, NC 28312**

Phone - 910.323.4026

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www.rcanc.us

**Dr. Lin Wheeler, Superintendent
Elementary/Secondary Student Application**

Student Information (Please Print):

Applying for grade _____ for the 2025-2026 school year. Date: _____

Student's Full Legal Name: _____
Last First Middle Preferred

Name
Address: _____
Number & Street City & State Zip Code

Phone: _____
Date of Birth: _____ Age: _____ Male: ☐ Female: ☐
Ethnicity: African American: ☐ Caucasian: ☐ Native American: ☐
Hispanic: ☐ Other: ☐

Family Information:

Mother/Guardian's Full Name: _____

Physical Address: _____
Number & Street City & State Zip Code

Email: _____ Social Security Number: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Employer: _____ Occupation: _____

Employer's Address: _____
Number & Street City & State Zip Code

Father/Guardian's Full Name: _____

Physical Address: _____
Number & Street City & State Zip Code

Email: _____ Social Security Number: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Employer: _____ Occupation: _____

Employer's Address: _____
Number & Street City & State Zip Code

Parents Marital Status: Married: ☐ Divorced: ☐ Separated: ☐ Widowed: ☐ Single: ☐

Student lives with: Both Parents: ☐ Mother: ☐ Father: ☐ Other: ☐

Legal Custody of Student is: Joint: ☐ Mother: ☐ Father: ☐ Other: ☐

If Applicable: Please provide legal custodial documentation.

Does other Parent have Visitation Rights? Yes: ☐ No: ☐ N/A: ☐

Siblings:

Name: _____ Age: _____ Grade: _____ School Attending: _____
Name: _____ Age: _____ Grade: _____ School Attending: _____
Name: _____ Age: _____ Grade: _____ School Attending: _____
Name: _____ Age: _____ Grade: _____ School Attending: _____

Emergency Contact (Other than parents):

Name: _____ Cell Phone: _____ Relationship to Student: _____
Name: _____ Cell Phone: _____ Relationship to Student: _____
Name: _____ Cell Phone: _____ Relationship to Student: _____

Student Allergies:

Does your child have any allergies to food, medications, latex, etc.? If so, please list below:

Church Affiliation & Denomination:

Name of Church attending: _____ City: _____
Denomination: _____

Educational Information:

Student's Current School: _____ Grade: _____
Address: _____ City: _____ Zip: _____
Phone #: _____ Fax #: _____ Registrar/Principal: _____

*Has your child ever applied to RCA or attended RCA: Yes: ☐ No: ☐
*Has your child ever been retained? Yes: ☐ If Yes, Grade Level? _____ No: ☐
*Has your child ever been placed on academic probation? Yes: ☐ No: ☐
*Has your child ever been suspended? Yes: ☐ No: ☐
*Has your child ever been asked to withdraw from school? Yes: ☐ No: ☐
*Has your child ever been tested, diagnosed or evaluated for:
--Giftedness Yes: ☐ If Yes, Math, Reading or Both: _____ No: ☐
--Learning disability, reading difficulty: Yes: ☐ No: ☐
--Attention Deficit Disorder, Hyperactivity: Yes: ☐ No: ☐
*Does your child have an I.E.P.? Yes: ☐ If Yes, please provide a copy! No: ☐

By signing this form, I certify that I have read and understand all the information on this application and the information I have provided is accurate (Requires both parents signature):

Mother/Guardian Signature

Printed Name

Date

Father/Guardian Signature

Printed Name

Date

Please share how you heard of RCA: _____

**Riverside Christian Academy admits students of any race, color, national and ethnic origins and to all the rights, privileges, programs, and activities generally accorded or made available to students at RCA. RCA does not discriminate based on race, color, national and ethnic origin in administration of its educational policies, admission policies, athletic and/or other school administered programs.*
