

# **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 5 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.

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### 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) ☐ 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  $\Box$ 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.

## **RPA Student Profile**

Legal Name of Student:
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)
<b>Pick Up and Emergency Contact:</b> 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: $\square$ Grandparent $\square$ Aunt $\square$ Uncle $\square$ Sister $\square$ Brother $\square$ Friend
$\square$ May pick up $\square$ Emergency contact
2) First Name
Last Name Home Phone #
Cell Phone #
Work Phone #
E-mail
Relationship to student $\square$ Grandparent $\square$ Aunt $\square$ Uncle $\square$ Sister $\square$ Brother $\square$ Friend
Student's (biological) parents are
☐ Separated ☐ Divorced ☐ Married
Correspondence sent to: $\square$ Both (Parents / Guardian) $\square$ Mother $\square$ Father
<b>If divorced</b> , please indicate the type of custody ordered by the court $\Box$ Joint $\Box$ Sole
Note: A copy of court documents indicating custody is required for your child's safety. These documents will be

### **Parent / Guardian Profile**

# FATHER (Biological) or Legal Guardian Name Last, First, Middle Initial Home # Cell# Work # Primary E-mail Address (if different from student's) (city, st, zip) Occupation & Employer Church where you regularly attend MOTHER (Biological) or Legal Guardian Name Last, First, Middle Initial Home # Cell# Work# Primary E-mail Address (if different from student's) (city, st, zip) Occupation & Employer Church where you regularly attend **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. $\square$ Yes $\square$ No Can you and your family fully support these RPA Statements? $\square$ Yes $\square$ 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. How did you hear about RPA? ☐ Friend ☐ Website ☐ Church ☐ Other Name of parent / guardian completing this questionnaire

## **Medical & Field Trip Release**

(one per student)

This form will be on file at the school office for this upcoming scr	
I give my permission for, gra	ide, to participate in all field trips away
from the school premises throughout the current school year. St	tudents will be accompanied by a teacher and will be
under adequate supervision. I understand that I will be given at I	· · · · · · · · · · · · · · · · · · ·
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	e for all students, accidents can still happen. I/we
understand that there are risks/dangers involved with participati	ion in off-campus trips and their associated activities.
In consideration of my child being allowed to participate in this e	event, I/we assume responsibility for those ordinary
and reasonable risks associated with the travel and activities. I/w	ve agree to indemnify and hold harmless, save and
protect Royal Point Academy, San Antonio, Texas, its trustees, of	fficers, employees, agents, volunteers, students,
successors and assigns from and against any and all claims, dema	ands, actions, suits, liabilities, losses, damages, costs,
judgments and claims arising from my child's participation. This I	release agreement does not apply to claims of
intentional (criminal) misconduct or gross negligence by the scho	ool, its employees, or volunteers. If such
circumstances are proved in a court of law, I/we acknowledge ar	nd 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	at 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 thereaf	fter. I/we authorize and consent to any X-ray
examination, anesthetic, medical, dental, or surgical diagnosis or	r 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 r	reserves the right to decline my child's participation
in applicable activities if I/we decline to agree with any portion o	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 kn	 now about not already stated?
In case of emergency, who is your nearest relative or neigl contact you at home or work?	hbor we should contact if we are unable to
Name	
Relationship Phone	2

# **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? $\square$ Yes $\square$ 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.
$\square$ allergies (be specific) $\square$ foods
□ medicines
$\square$ bee sting or insect bites $\square$ asthma
□ heart problems (be specific)
$\square$ physical disability (be specific) $\square$ respiratory $\square$ 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

## **Financial Agreement**

- 2 All tuition is payable in advance.
- 2 Tuition payments are due on the 1<sup>st</sup> of the month.
- Payments received after the 1<sup>st</sup> will be charged a \$35 late fee. If tuition is not paid by the 5<sup>th</sup> of the month, your child will not be able to return to school until the outstanding balance is paid in full.
- 2 No portion of tuition is refundable in case of absence or holidays.
- Registration fees are due at the time the Before-and-After-School Care Enrollment Form is submitted and are non-refundable.

New Student Registration Fee- \$250.00 per new student due with application, non-refundable

Returning Student Registration Fee- \$150.00 per child due with application, non-refundable (must be paid by March of the upcoming year)

New Student Testing Fee- \$30 per student, non-refundable

Book Fee- \$150.00 Preschool – Kindergarten \$300.00 1<sup>st</sup>- 6<sup>th</sup> grade

Annual School Tuition - payment begins August 1 and ends May 1

Preschool (ages 3 &4)

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

Kindergarten - 4th grade

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

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 6:00AM-5:00PM

\$50.00 a week per student

#### **LATE PAYMENTS**

Royal Point Academy is committed to be a good steward and to promptly pay its financial obligations. Receipt of tuition payments in a prompt and timely manner is crucial to the accomplishment of this goal. The guidelines for tuition payments are as follows:

- 1. Payments due according to payment schedule.
- 2. Late fee of \$35.00 assessed the day after the due date.

## **Parent Commitment**

(one form per family)

Amos 3:3 states: "How can two walk together unless they be agreed." With this in mind, the Administration requests your commitment to the following statements. Please read carefully and sign or initial where provided.

T By faith, we/I pleage to cooperate and be actively involved with the teachers and school
personnel in all aspects of our children's academic and behavioral performanceInitial
† We/I agree to pay all of our <b>financial obligations</b> 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 <i>Initial</i>
† As parents, we/I agree to fulfill the following requirements in the <b>Parent Service Policy</b> including
♦ attend Parent Orientation (Aug.), and Open House (Sept.)
♦ volunteer twenty-five (25) hours annually (5 additional hours per child). Hours must be
completed by April, 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
<b>Procedures</b> 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 <b>publication of photographs and audio video</b> in school
publications and media coverage (yearbook, newsletter, website development, admissions
materials, Facebook etc.) <i>Initial</i>
Parent/Guardian (sign & print)