



ROSSVILLE

CHRISTIAN ACADEMY

LOVING ♦ NURTURING ♦ CHALLENGING

Application Date: _____

Student's Legal Name: _____

First

Middle

Last

Preferred Name

Grade: _____ For the school year 20____ 20____

New _____ Returning _____

APPLICANT

Applicant's Birth date _____ Gender _____ Race _____

Home Address _____

City _____ State _____ Zip _____ Phone _____

Home Church: _____ Pastor: _____ Youth Minister: _____

Mailing Address (if different from above) _____

Street/PO Box

City

State

Zip

PARENTS / GUARDIANS

Mother's/Step-Mother/Guardian Name _____ Email _____

Address _____

City _____ State _____ Zip _____ Home Phone _____

Mother's Employer _____

Mother's Work Phone _____ Cell Phone _____

Father's/Step-Father/Guardian Name _____ Email _____

Address _____

City _____ State _____ Zip _____ Home Phone _____

Father's Employer _____

Father's Work Phone _____ Cell Phone _____

Check if parents are: Married Separated Divorced Other Deceased: Father Mother

If either parent is alumni of RCA, please give name and graduation date: _____

GRANDPARENT(S) INFORMATION

Paternal Name _____

Maternal Name _____

Address _____

Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Phone _____ Email _____

Phone _____ Email _____

