



# Student Enrollment Form

22 Outlet Rd.  
Lehman, PA 18627  
Phone: (570) 675-8109  
[www.rolfm.com](http://www.rolfm.com)

## Student Personal Information

Family Name: \_\_\_\_\_

Given Name(s): First \_\_\_\_\_ Middle \_\_\_\_\_

Age: \_\_\_\_\_ Gender: (please circle) Male Female

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Previous School: \_\_\_\_\_

Previous School Address: \_\_\_\_\_

## Parent or Guardian Information

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Does this student live with you? \_\_\_\_\_

Does this student live with you? \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer's Phone #: \_\_\_\_\_

Employer's Phone #: \_\_\_\_\_

Home Church: \_\_\_\_\_

Home Church: \_\_\_\_\_

Pastor: \_\_\_\_\_

Pastor: \_\_\_\_\_

Church Phone #: \_\_\_\_\_

Church Phone #: \_\_\_\_\_

### Student Personal Information

Enrolling Grade:

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### Parent or Guardian Information cont.

#### Contact Information

Cell #:

Cell #:

Work #:

Work #:

Home #:

Home #:

Email:

Email:

#### Medical Information

Date of last Tetanus vaccine:

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Date of Chicken Pox or Varicella vaccine:

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Please list any medical history, health conditions, or health concerns our staff should be aware of and/or any condition that requires special assistance or monitoring. If there are no health concerns, please indicate "none."

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Allergies:

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Medication:

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Special Conditions:

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Name of Child's Physician or Health Clinic:

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Physician or Clinic Phone #:

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Name of Insurance Carrier:

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Health Insurance Policy Number:

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#### Emergency Contact

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**Medical Information**

In the event that we are unable to reach the parent(s)/guardian(s) in an emergency, please provide emergency contacts.

|                  |                  |
|------------------|------------------|
| 1. Relationship: | 2. Relationship: |
| Name:            | Name:            |
| Cell #:          | Cell #:          |

**Medical Information cont.**

|         |         |
|---------|---------|
| Home #: | Home #: |
| Email:  | Email:  |

**Tuition and Fees**

Admission and Assessment Fee(s): \$50 per student \_\_\_\_\_

Tuition Plan: \_\_\_\_\_

Tuition Discount: \_\_\_\_\_

Amount Paid at Enrollment: \_\_\_\_\_

**Signature Required**

1. My cooperation is expected in regular tuition payment, practical help, participation in fundraising, and faithful prayer support. All accounts from the previous semester must be paid in full before continuing the second semester or re-enrolling for the next year unless previous arrangements have been made with the administration. Warning letters will be sent prior to the end of the semester.
2. I have read the Student/Parent Handbook and understand the contents. Furthermore, I will openly support them in the presence of my child(ren).
3. The administration has full responsibility for placing my child(ren) in the grade level they deem fit for my child based on diagnostic testing, transcripts and upon working with my child.
4. The school has full discretion in the classroom, on school property and during any school event on or outside of the school property, for the discipline of my child.
5. Attendance at River of Life Christian Academy is a privilege and the school reserves the right to not accept any student for any reason based on details outlined in the Student/Parent Handbook or dismiss any student who does not respect its spiritual standards or cooperate in the educational process.

**Tuition and Fees**

6. I will not allow my child, presently enrolled or transferring to River of Life Christian Academy, to utilize classwork (i.e. answer keys, class notes, tests, quizzes, homework, labs, etc.) from this or another school that will undermine their responsibilities academically.

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7. Fundraising will be a necessary part of keeping tuition at a minimum. I understand that I am expected to participate in such events.

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8. My child will participate in scheduled field trips and other school activities. I understand that they will be transported in private vehicles.

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**Signature Required cont.**

9. I give River of Life Christian Academy permission to secure emergency medical and/or emergency surgical treatment for my child if needed.

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10. I understand River of Life Christian Academy does not carry medical insurance on its students. Parents are encouraged to consult with their insurance professional to make sure that their child is covered to/from and while at River of Life Christian Academy.

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11. I realize my child's photograph may be used in the marketing and promotion of River of Life Christian Academy.

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12. By signing this enrollment form, I give up my rights to pursue any legal actions or suits for any reason against River of Life Christian Academy and River of Life Fellowship Ministries.

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I hereby declare that I have read and understood the information contained in this Student Enrollment Form and that I am willing to have our child(ren) trained in accordance with the above statements and that all the information I have provided is correct.

Date \_\_\_\_\_

Father's Signature \_\_\_\_\_

Date \_\_\_\_\_

Mother's Signature \_\_\_\_\_

Date \_\_\_\_\_

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