



4710 W. Irlo Bronson Memorial Hwy
 Kissimmee, FL 34746
 407-734-2261
rcakissimmee@rebornacademy.org

Student Registration Form

School Year: _____

Student ID: _____

Scholarship: FES-EO FES-UA FTC Private

Child Information:

Child's Name: _____ Grade entering _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Birthplace: _____ Gender: ___ M / ___ F

Home Phone: _____ Student SS#: _____

Student Ethnicity: Hispanic or Latino **Race*:** American Indian or Alaska Native Asian
Black or African American Native Hawaiian or Other Pacific Island White

The student lives with _____ Both Parents _____ Mother _____ Father _____ Guardian

Are there any court documents? Yes No (*Copy of any court custody papers & educational decisions. Required for enrollment*)

If separated or divorced, who has legal responsibility for the school decisions? **Name:** _____

Previous School Attended _____ **Grade Completed** _____

Phone # of school: _____ Fax # of school: _____

Reborn Christian Academy requests previous school records and reserves the right to discuss the student's progress with former teachers and administrators.

Parent / Guardian Information:

Father's Name: _____ **Guardian Name:** _____

Cell #: _____ Cell #: _____

Email: _____ Email: _____

SS# _____ SS# _____

Mother's Name: _____ **Guardian Name:** _____

Cell #: _____ Cell #: _____

Email: _____ Email: _____

SS# _____ SS# _____

Siblings in Reborn Christian Academy: Name: _____ Grade: _____
 Name: _____ Grade: _____

Release and Emergency Contact (*other than parents or legal guardian ONLY*)

Name: _____ Relation to child: _____

Phone: _____ Cell phone: _____ Wk. phone: _____

DO NOT Release my child to the following person(s): N/A

Name: _____ Relation to child: _____ May they visit the child? YES NO

Child's Learning Issues:

Has the child ever received ELL/ESOL (English as a second language) services? Yes No

Does your child speak another language other than English? Yes No If yes, what language? _____

Has the child ever received Special Education Services? Yes No

If yes, please place an (√) by the appropriate issue: Language Physical Therapy Specific Learning Disability

Occupational Therapy Hearing Vision Speech Gifted Behavior

Other _____

Child's Health Information:

Allergies: _____ Has an EPI Pen been prescribed? _____

Please list any chronic/severe illnesses, injuries, surgeries, or medical condition: _____

What medications does the student currently take? _____

Child's physician name: _____ Phone #: _____

Hospital preference: _____ Insurance: _____ Policy # _____

Any medication that needs to be given to your child at school must be accompanied by a doctor's note (Doctor Signature required) with specific dosage directions (including any over the counter medicine). All medication must be within expiration dates. The school WILL NOT be providing any medication without a doctor's note. Medication must be given to the school nurse by parent/guardian. Students are NOT allowed to have medication on them at any time on school property. _____ Initials

How did you hear about us?

Friend _____ Internet Church Other

Medical Release: Rarely do serious accidents or illness occur at Reborn Christian Academy but in the event your son/daughter should need medical treatment by the school personnel or any Emergency Medical Personnel (emergency care is coordinated through the local emergency system-911), your signature below will allow and authorize us to provide or secure such treatment without delay. In the event of a serious accident or illness you will be notified as quickly as possible. I agree to be financially full responsible for my child's total treatment, transport, or any other cost.

Parent/Student Handbook Compliance: I have reviewed the Parent/Student handbook of Reborn Christian Academy and I agree to the responsibilities, policies and school rules as outlined in the Handbook. **Initial** _____

Photograph/Videotape Release: From time-to-time Reborn Christian Academy will be taking pictures and/or video of your child to document activities at school. Some of these pictures or videos may be used for promotion and publicity. Please check the following that applies.

I consent **I do NOT consent** to the photographing/videotaping of my child while he/she is involved in any school programs and/or activities during the present school year.

Parent / Guardian Name Date Parent / Guardian Signature

I the parent acknowledge that if student is withdraw before the end of the 10 months, I am responsible for all the fees and /or any pending balance including the \$500.00 withdraw fee. Withdraw documents will only be release if there is a zero balance.