FOR SCHOOL YEAR –2020-2021

GRADE _____

River City Christian School
Student Intake Form

Parents, please bring
[ ] Psych Eval
[ ] Grades, Records
[ ] $25.00 Consult Fee
[ ] Consultation Form (website)

Date: _____

Student Name: _____ Age:_____

Current Grade: _____ Male / Female Present School:_____

Parent Name: _____ Phone: _____

Address: _____

Email Address: _____

How did you hear about RCCS? _____

Does your child have a diagnosis? _____

Problems in school? _____

_____

What grade level is your child working? Reading _____ Math _____

Notes: _____

_____

Circle the appropriate response:

Medications	Yes	No	If yes, _____
Suspended	Yes	No	If yes, _____
Expelled	Yes	No	If yes, _____
Behavior Plan	Yes	No	If yes, _____
History of Aggression	Yes	No	If yes, _____

If no diagnosis or any "yes" questions above, please provide a psychological evaluation no more than 3 years old.

We are a Christian school, do you have any questions about what we believe? _____

Church Affiliation: _____

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Office use only:

Interview Conducted by:_____ [] Phone [] Walk-In

[ ] Parent Interview and Tour Date:_____ Time _____

[ ] Child Interview and Tour Date:_____ Time _____