



RIVER CITY CHRISTIAN SCHOOL

February 2023

Dear RCCS Parent:

Welcome to River City Christian School, where “with God, all things are possible!” We appreciate the opportunity you have given us by placing your precious child at RCCS. The faculty and staff of RCCS look forward to educating and ministering to your child this school year. We are committed to the success of your child in his/her academics, spiritual growth and social well-being. It is our heartfelt prayer that your child will have the best educational experience here at RCCS.

If you have any questions or prayer needs during the school year, please call me or one of our staff members and we will be happy to assist you. RCCS is a Kingdom school and we know that where God’s Kingdom is welcomed, miracles happen!

Please take some time to complete all the forms in this Enrollment Packet. We also request copies of any Psychological evaluations/testing dated within the last three years. This information will help us provide the best educational environment for your child. Our goal is to educate the whole child and we offer many programs that will help us reach this goal. We look forward to the year ahead and to assisting your child to become all God has purposed him/her to become!

Serving Christ,

Ezzard G. Castillo, M.Ed., MA
Administrator

**River City Christian School
Enrollment Packet Checklist
2023-2024 School Year**

Student Enrollment at River City Christian School (RCCS) is determined by the following procedure:

1. Administrator meets with prospective parents/students for a consultation interview.
2. Review of psychological/psychiatric and educational records identifying student's learning disability and/or diagnosis;
3. Approval of Enrollment by the RCCS Admissions Screening Committee

All documents and records requested below must be completed and turned in to the School Registrar before a student starts school.

Please use the following checklist to ensure proper completion of the Enrollment Packet:

- ☐ General Enrollment Policy
- ☐ Statement of Cooperation
- ☐ Financial Information
- ☐ Emergency Contact Form (Green form)
- ☐ Student Medical Information – PARENT FORM
- ☐ Medication Distribution Consent – PARENT FORM
- ☐ Diagnosis and Prescribed Medication – PHYSICIAN FORM
- ☐ Educational Reference – completed by prior teacher, etc. & returned directly to RCCS
- ☐ Personal Reference – completed by family friend, etc. & returned directly to RCCS
- ☐ Pastoral Reference – completed pastor/minister returned directly to RCCS
- ☐ Parent/Guardian Christian Experience (turn in with this packet)
- ☐ *Academic Transcript (up to current grade level)
- ☐ *Report Cards (Elementary and Middle School up to current grade level)
- ☐ *Immunization Records (State Required)
- ☐ *Birth Certificate (certified copy)
- ☐ *Social Security Card Number (copy)
- ☐ * Test scores from TAKS/STAAR; Stanford Achievement – 9th Edition, IOWA Test of Basic Skills
- ☐ *Verification of Student Diagnosis with Psychological/Psychiatric and Educational Evaluations (Evaluations cannot be more than 3 years old)
- ☐ *Legally Binding Custody Papers copy (if applicable)

***Copies of these official documents must be returned with this completed Enrollment Packet.**

I understand that the student **is not officially enrolled** until all documents in this Enrollment Packet are completed, turned in and approved by the School Registrar.

Date

Parent/Legal Guardian Signature

Date

Parent/Legal Guardian Signature

**River City Christian School
General Enrollment Policy
2023-2024 School Year**

Enrollment at River City Christian School (RCCS) is based on the following:

- The student and parent(s) agree to support education at RCCS which is established upon the Christian perspective that asserts the Lordship of Jesus Christ.
- The student and parent(s) agree to support the use of Scripture in the classroom for the purpose of teaching student's moral guidelines for righteous living.
- The student and parent(s) agree to support faculty prayers for and/or with students enrolled at RCCS.
- The student and parent(s) agree to all policies and procedures, rules and regulations of RCCS as set out in the River City Christian School Family/Student Handbook.
- The student agrees to demonstrate compliance to authority and a willingness to learn in the classroom.

Nondiscriminatory Policy

In accordance with River City Christian School philosophy, RCCS admits students of any race, color, national or ethnic origin to all rights and privileges, programs and activities generally accorded or made available to students at the school. River City Christian School does not discriminate on the basis of race, color, national or other ethnic origin in administration of its educational policies, admission policies, tuition assistance policies and athletic and other school-administered programs.

Corporal Correction

River City Christian School does not administer corporal correction to any student.

Conditional Enrollment

If for any reason, the student named herein is found not to be a suitable fit for River City Christian School (RCCS), or if RCCS is found not to be a suitable fit for the student, RCCS reserves the right to discontinue educational services for this student.

By signing this document, we understand and agree to the terms and conditions of the policies and agreements herein listed.

Parent/Legal Guardian Signature Date _____

Parent/Legal Guardian Signature Date _____

Student Signature Date _____

River City Christian School
Statement of Cooperation
2023-2024 School Year

I/we give River City Christian School (the School) permission for my/our child to take part in all school activities and school-sponsored trips away from the school campus.

I/we also believe that discipline is necessary for the well being of each student, as well as for the entire school. I/we give permission for my child's teacher and/or other agents of the school to make and enforce classroom regulations in a manner consistent with Christian principles and discipline as set forth in the Scriptures and as described in the Family/Student Handbook.

Because I/we voluntarily choose to send my/our child to River City Christian School, I/we agree to practice Biblical commands and to make every effort to live at peace and resolve any dispute with the School or representatives of the School, in private or within the Christian community, in conformity with the Biblical injunctions of I Corinthians 6:1-8 and Matthew 18:15-20. Therefore, I/we agree that any claim or dispute with the School, or a representative of the School, arising out of school-related functions shall be settled by Biblically-based mediation. If resolution of the dispute and reconciliation do not result from such efforts, as described in the Family/Student Handbook, the matter shall then be submitted to the School Board for resolution.

The parties, signed below, agree that these methods shall be the sole remedy for any controversy or claim arising out of a school-related function and each expressly waives their right to file a lawsuit against each other in any civil court for such disputes, except to enforce a legally binding arbitration decision. Each party, regardless of the outcome of the matter, agrees to bear the cost of his/her/its own arbitrator and one-half of the fees and costs of the neutral arbitrator and any other arbitration expenses.

I/we understand that this Statement of Cooperation will be in effect for as long as my/our child attends River City Christian School. I/we also understand that enrollment fees, the first month's tuition, curriculum fees, and any other fees assessed by the School are non-refundable.

River City Christian School requires the full cooperation and support of the parents/guardians of each student. This includes, but is not limited to, parents, step-parents, guardians, grandparents, friends or any other third party with authority or legal power to act on the child's behalf. Non-custodial, guardians, step-parents or grandparents must provide the School with certified copies of legal documentation authorizing him or her to obtain information or discuss matters with the School administration regarding the student named herein.

In order to protect the interests of the School and its entire student body, if parents/guardians or other authorized persons, who are allowed to act on behalf of the student, and fail to cooperate with the School in maintaining its standards and policies, or who attempt to disrupt or interfere with the operation of the School or enforcement of its policies and/or requirements in any matter, the student may be dismissed, even though the student has not caused a problem.

Print Student Name _____ Grade: _____

Parent/Legal Guardian Signature Date _____

Parent/Legal Guardian Signature Date _____

**River City Christian School
Financial Acknowledgment
2023-2024 School Year**

Student Name _____
Date of Birth _____
Grade _____

\$850.00 Due in full payment upon Enrollment (cash, check or credit card)
(Registration Fee, Book Fee, PE Fee)

Grades K5 - 12
Yearly Tuition Fee - \$11,500.00

Registration & Book Fees (non-refundable)

Total \$850.00 Due at Enrollment

Additional Fees: \$100.00 Senior Graduation Fee (Seniors only)

Additional Fees: May be required for sports

Payment Schedule for \$11,500.00

| | |
|----------------------------------|----------------------------|
| 10 monthly payments @ \$1,150.00 | per month (Aug.1 – May 1) |
| 11 monthly payments @ \$1,045.45 | per month (July 1 – May 1) |
| 12 monthly payments @ \$958.50 | per month (June 1 – May 1) |

REGISTRATION AND BOOK FEES ARE DUE AT ENROLLMENT. STUDENTS ARE NOT CONSIDERED OFFICIALLY ENROLLED UNTIL THE ABOVE FEES ARE PAID IN FULL AND ALL ENROLLMENT FORMS IN THIS PACKET ARE COMPLETED AND TURNED IN TO THE SCHOOL REGISTRAR. CLASSROOM SPACE IS NOT GUARANTEED UNTIL THE REGISTRATION FEE IS PAID IN FULL.

FACTS Tuition Payment Plan

In order to make the tuition process at RCCS as effortless as possible, RCCS has partnered with FACTS Tuition Management Services. The FACTS Tuition Management Program has provided management assistance to private and faith-based schools since 1986 with over 3,000 schools and two million families using this program.

All families are required to pay tuition through the FACTS Tuition Management Program. Contact the RCCS Business Administrator to arrange to pay tuition on a monthly basis. All FACTS tuition payments are processed through an Automatic Draft system. The Automatic Draft payment date is the 5th of each month. A \$30.00 fee will be charged by FACTS for checks returned for non-sufficient funds. In addition, River City Christian School will charge a \$25.00 late fee for tuition not received by the 5th of the month due date.

Student Withdrawal Policy

- I/we specifically agree that once my/our child, named above, is registered and enrolled at River City Christian School, I/we understand that we are responsible to pay the full year's tuition fee of \$11,500.00, plus registration and book fees listed above.
- If my/our child is withdrawn before the end of the school year, for any reason, I/we understand that I/we are hereby obligated to pay full years tuition, plus any/all outstanding fees still owed.
- To expedite withdrawal and release of student records, payment of tuition balance and all outstanding fees must be paid in cash, cashier's check, or money order upon withdrawal. Student records will not be released to the receiving school until all outstanding tuition and fees are paid in full.

I/we understand and agree to all policies and fee information stated herein. I/we also understand that registration fees, first month's tuition, textbook and other fees assessed by the school are non-refundable.

Parent/Legal Guardian Signature

Date

Parent/Legal Guardian Signature

Date

**River City Christian School
Emergency Contact Form
2023-2024 School Year**

Student Information:

Name: _____ D.O.B. ____ / ____ / ____ Age _____
Address: _____ City _____ State _____ Zip _____
Home Phone: (____) _____
Allergies: _____ Food _____ Drug _____ Seasonal _____
Treatment Indicated _____

Parent Information:

Father's Name: _____ Work Phone: (____) _____
Address: _____ Home Phone: (____) _____
• check if same address as student Cell Phone: (____) _____
Mother's Name: _____ Work Phone: (____) _____
Address: _____ Home Phone: (____) _____
• check if same address as student Cell Phone: (____) _____

Alternate Emergency Contact:

Name: _____ Relationship: _____
Address: _____ City _____ State _____ Zip _____
Home Phone: (____) _____ Work Phone: (____) _____

Doctor Information:

Doctor's Name: _____ Phone: (____) _____
Address: _____ City _____ State _____ Zip _____

IN CASE OF EMERGENCY:

I hereby give River City Christian School permission to obtain medical care for my child in the event my child is hurt or injured and I cannot be reached. I will be responsible for all medical costs that may incur.

I hereby agree that I will not hold River City Christian School responsible for any accrued medical costs.

Parent/Legal Guardian Signature Date _____

Print Name: _____

River City Christian School
Student Medication Distribution Consent – (Parent completes this form)
2023-2024 School Year

Student Name: _____

PERMISSION to ADMINISTER MEDICATION

River City Christian School policy states that “Medication will only be administered by the school nurse or designated staff member” (RCCS Handbook page 23). In the event, the school nurse is not available to distribute medication “an authorized staff member will distribute daily medications in lieu of the school nurse with permission from the parent.”

- Parents ARE REQUIRED to bring all medication to the school office in its original container. Prescription medication must be labeled by a licensed pharmacist.
- Students are NOT ALLOWED to have ANY medication (prescribed or over-the-counter) in their possession while on the RCCS campus.

Check Only One Box

☐ I give permission allowing the school nurse or **an authorized staff member** to distribute medication to my child.
(This includes during field trips and athletic events.)

☐ I do not give permission for my child to be medicated.

ALL prescription medication dosages and/or changes in dosage must be validated with communication signed by the child's physician (see Physician's Form).

All over-the-counter medication MUST BE PROVIDED by the parent. Over the Counter medication dosage is given per package directions. Cold or flu medication will NOT be administered to any student.

Parent Signature: _____ Date _____

This signature authorizes an RCCS school nurse or authorized staff member to **distribute** both prescription medication and over the counter medication.

River City Christian School**Diagnosis and Prescribed Medication – RCCS PHYSICIAN FORM (to be completed by physician)
2023-2024 School Year****TAKE THIS FORM TO THE PRESCRIBING PHYSICIAN TO COMPLETE AND SIGN**

(Doctor's office may be contacted for clarification)

This **DIAGNOSIS AND PRESCRIBED MEDICATION FORM** must be completed and signed by the student's physician. The Parent/guardian must also sign. Please return this completed and signed form to the RCCS nurse or office personnel. The parent must deliver medication with a prescription label directly to the school nurse or office personnel.

Student's Name: _____ Date of Birth _____
Physician Name: _____ Phone _____

Physician's Diagnosis and Health Care InformationPlease provide the student information **in the second column** where applicable; if not applicable indicate by N/A:

| | |
|--|--|
| Date of Last Physical Exam | |
| Diagnosis | |
| List any physical restrictions and length of time for restrictions | |
| Indicate No PE, recess, other activities | |
| List specific procedures during school hours, if any | |
| Emergency Instructions | |

LIST ALL PRESCRIBED MEDICATION

| Name of Medication | Dosage | Frequency of Doses | Indicate at Home or School |
|--------------------|--------|--------------------|----------------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |

Length of time _____

Any Restrictions? _____

Physician's Signature _____ Date _____

Physician's Printed Name _____

Parent/Legal Guardian Signature (Father) _____ Date __________
Parent/Legal Guardian Signature (Mother) _____ Date _____

River City Christian School
Educational Reference (to be completed by the most recent educator)
2023-2024 School Year

This student is applying for admission to River City Christian School. Your insight and knowledge of this child's previous academic information will assist us in determining his/her educational needs in our school.

ALL INFORMATION IS CONFIDENTIAL

Please return to River City Christian School in a sealed envelope. **Do not return to the applicant.**

Applicant _____ Date _____

Parents' Name _____

Reference's Name _____ Position _____

Address _____

Street

City

State

Zip

Home Phone _____ Office Phone _____

Best time and place to contact: _____

Please check the appropriate box(es)

| Qualities | Not Observed | Outstanding | Average | Lacking | Not at All |
|--------------------------------|--------------|-------------|---------|---------|------------|
| Child's level of self-control | | | | | |
| Relationship with peers | | | | | |
| Respectful of Authority | | | | | |
| Responds to Discipline | | | | | |
| Academic Performance | | | | | |
| Motor Skill Development | | | | | |
| Overall Family Life | | | | | |
| Displays Christ-like Qualities | | | | | |

Your educational role with this student? _____

How long? _____

Please give any additional information about this student or this family that would be helpful for RCCS admission process:

_____ I recommend this applicant without reservation.

_____ I recommend this applicant with reservations.

_____ I do not recommend this applicant.

Return directly to: River City Christian School

5810 Blanco Road

San Antonio, TX 78216

Phone 210-384-0297 Fax 210-384-0446

River City Christian School

Personal Reference (to be completed by personal reference)

2023-2024 School Year

This student is applying for admission to River City Christian School. Your insight and knowledge of this student's academic and spiritual life will assist us in determining his/her potential for success in our school.

Applicant _____ Date _____

Parents' Name _____

Reference's Name _____ Position _____

Address _____

Street

City

State

Zip

Home Phone _____ Office Phone _____

Best time and place to contact _____

Please complete the following:

| Qualities | Not Observed | Outstanding | Average | Lacking | None |
|--------------------------------------|--------------|-------------|---------|---------|------|
| Integrity of Parents | | | | | |
| Mother's relationship with God | | | | | |
| Father's relationship with God | | | | | |
| Parents' church involvement | | | | | |
| Parents' consistency in discipline | | | | | |
| Student's response to discipline | | | | | |
| Student's submission to authority | | | | | |
| Student's relationship to God | | | | | |
| Student's relationship with siblings | | | | | |
| Student's relationship with peers | | | | | |
| Student's level of self-control | | | | | |
| Student's level of involvement | | | | | |

What is your relationship to this student and his/her family? _____

How long? _____

Please provide any additional information about this student or this family that would be helpful in the admission process: _____

_____ I recommend this applicant without reservation.

_____ I recommend this applicant with reservations.

_____ I do not recommend this applicant.

ALL INFORMATION IS CONFIDENTIAL

Please return to RCCS in a sealed envelope. (Do not return via the applicant.)

River City Christian School

5810 Blanco Road, San Antonio, Texas 78216

River City Christian School

Pastoral Reference (to be completed by pastoral reference)

2023-2024 School Year

This student is applying for admission to River City Christian School. Your insight and knowledge of this student's academic and spiritual life will assist us in determining his/her potential for success in our school.

Applicant's Name _____ Date _____

Parents' Name _____

Reference's Name _____ Position _____

Address _____
Street City State Zip

Home Phone _____ Office Phone _____

Best time and place to contact: _____

Do you know this family personally? Yes _____ No _____ How Long? _____

Is the family regular in Sunday School Attendance? Yes _____ No _____

In worship attendance? Yes _____ No _____ How long membership? _____

List any leadership roles the parents have fulfilled _____

Please give any additional information about this student or this family which would be helpful in the admission process:

_____ I recommend this applicant without reservation.

_____ I recommend this applicant with reservations.

_____ I do not recommend this applicant.

ALL INFORMATION IS CONFIDENTIAL

Please return to RCCS in a sealed envelope. (Do not return via the applicant.)

River City Christian School
5810 Blanco Road
San Antonio, Texas 78216

River City Christian School
Parent/Guardian Christian Experience
2023-2024 School Year

Student's Name _____ Date _____

Does your child attend Sunday School or a church youth organization? Yes _____ No _____

Does he/she attend on a regular basis? Yes _____ No _____

Please describe your personal Christian Experience including your profession of faith and definition of what it means to be a Christian.

Father or Guardian: _____

Mother or Guardian: _____

Parent/Legal Guardian Signature (Father) Date _____

Parent/Legal Guardian Signature (Mother) Date _____