

Application for Admission

Please attach a recent photo. Though the photo will not influence our decision, associating a face with a name does help us remember the applicant as a person rather than a collection of papers.



Applying for Grade: _____
Entering Year: _____

APPLICANT INFORMATION

Applicant's Full Name _____
Last First Middle

Nickname: _____ Age: _____ Birth Date: _____ SSN: _____

Home Address: _____ Phone: _____

Present school name and address: _____

PARENT INFORMATION

Father's Name: _____ Mother's Name: _____

(Please include title: Dr., Mr., etc.)

(Please include title: Dr., Ms., etc.)

Home Address: _____ Home Address: _____

Home phone: _____ Home phone: _____

Employer: _____ Employer: _____

Occupation: _____ Occupation: _____

Work address: _____ Work address: _____

Work phone: _____ Work phone: _____

Cell phone: _____ Cell phone: _____

Email address: _____ Email address: _____

Are both parents living? Yes No Status: Married Separated Divorced Remarried

With whom does the applicant live? (If guardian, please state)

Financial correspondence should be mailed to: _____

Do you wish more information about financial aid? _____

SIBLINGS

Sibling's Name: _____ Age: _____ Grade: _____
Last First

Current school: _____

Sibling's Name: _____ Age: _____ Grade: _____
Last First

Current school: _____
Last First

Sibling's Name: _____ Age: _____ Grade: _____

Current school: _____

GENERAL INFORMATION

Friends or relatives who will be attending Ramah Christian Classical School: _____

How did you hear about RCCS? Website Sign Newspaper Other: _____

Has any physical or medical problem ever existed which adversely affected the overall performance of the applicant in school or which might interfere with regular school work at Ramah Christian Classical School? If YES, please state the facts on a separate sheet of paper. Yes No

Has the applicant ever had or is the applicant presently receiving a professional evaluation or counseling? If YES, please state the facts on a separate sheet of paper. Yes No

Has a physician ever prescribed any special medication for a concentration disorder or emotional needs of the applicant or is the applicant presently receiving any such medication? If YES, please state the facts on a separate sheet of paper. Yes No

Has the applicant ever received therapy (e.g., speech/language, motor skills, other) or academic tutoring outside of school? If YES, please state the facts on a separate sheet of paper. Yes

Please include a non-refundable fee of \$90 with this application.
(Checks should be made payable to Ramah Christian Classical School)

Date: _____ Signed: _____
Parent or Guardian

Admissions decisions are made when the entire application process is complete.

