



Revelation Christian Academy

Form 1

Student Enrollment Card

Year _____

I. Student's Information

Student's Full Legal Name _____
Last First Middle

Phone Number: _____

Address: _____ City: _____ Zip Code: _____

Birth Date: _____ Male _____ Female _____

II. Parent's Information

Father's/Legal Guardian's Name: _____

Address: _____ City: _____ Zip Code: _____
(If Different from Above)

Phone Number _____

Employer: _____ Work Number: _____

Mother's/Legal Guardian's Name: _____

Address: _____ City: _____ Zip Code: _____
(If Different from Above)

Phone Number _____

Employer: _____ Work Number: _____



Revelation Christian Academy

Form 2

Student Enrollment Card

Year _____

Emergency/Contact Information (These people may be reached and allowed to check your child out.)

Contact #1

Phone

Relationship to Student

Contact #2

Phone

Relationship to Student

Contact #3

Phone

Relationship to Student

Last School Attended _____

Address and Phone _____
(Only if last school attended was not in the Mobile County Public School System)

How did you learn about RCA? _____ Internet _____ Friend/Relative _____ Radio Ad
_____ Drive By _____ Magazine Ad _____ Facebook _____ Other



Revelation Christian Academy

Form 3

Student Enrollment Card

Year _____

Health and Medical Information

Does your child have any medical conditions or allergies? Yes No If Yes, please check all that apply.

ADD ADHD Bee Sting Heart Condition Migraines Diabetes
 Severe Allergy/Anaphylaxis Other Describe _____

Does your child need medicine administered at school? If so, please list the name of the prescription. _____

Type of Health Insurance: _____ Private If so, please provide the healthcare provider. _____
 Medicaid All Kids

In the event of an emergency, I hereby authorize school officials to:

- 1. Seek such medical assistance as may be needed. Yes No
- 2. Administer any treatment deemed necessary by the Physician. Yes No
- 3. Other suggestions: _____

If hospitalization is considered necessary to which hospital should the child be taken?

Hospital _____

Only persons listed on this card will be allowed to pick up your child from school. Exceptions will require a dated, written note signed by the parent or legal guardian naming the person to pick up your child with a photo ID.

Revelation Christian Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate based on race, color, national and ethnic origin in administration of its educational policies, admission policies, scholarship and loan programs, and athletic and other school-administered programs.

Parent Signature

Date