



HOMESCHOOL STUDENT REGISTRATION

Student Last Name: _____ First: _____ MI: _____

Preferred Name: _____ SSN: _____ Age: _____

Gender: Male Female School Year: _____ / _____ Grade: _____ Date: _____

Date of Birth: ____ / ____ / ____ School Start Date: ____ / ____ / ____

STATEMENT OF FAITH

WE BELIEVE....The Scriptures are inspired by God and declare His design and plan for mankind.
WE BELIEVE....There is only one true God – revealed in three persons; Father, Son, and Holy Spirit; commonly known as the Trinity.
WE BELIEVE....In the deity of the Lord Jesus Christ. As God's Son, Jesus was born both human and divine.
WE BELIEVE....Though originally good, man willingly fell to sin, ushering evil and death – both spiritual and physical – into the world.
WE BELIEVE....Every person can have restored fellowship with God through "Salvation" – trusting Christ through faith and repentance to be our personal Savior. [1 of 4 cardinal doctrines of the AG]
WE BELIEVE....and practice two ordinances: (1) Water Baptism by immersion after repenting of one's sin and receiving Christ's gift of salvation, and (2) Holy Communion (the Lord's Supper) as a symbolic remembrance of Christ's suffering and death for our salvation.
WE BELIEVE....the Baptism in the Holy Spirit is a special experience following salvation that empowers believers for witnessing and effective service, just as it did in the New Testament times. [1 of 4 cardinal doctrines of the AG]
WE BELIEVE....The initial physical evidence of the baptism of the Holy Spirit is speaking in tongues, as experienced on the day of Pentecost and referenced throughout Acts and the Epistles.
WE BELIEVE....Sanctification initially occurs at salvation and is not only a declaration a believer is holy, but also a progressive, lifelong process of separating from evil as believers continually draw closer to God and become more Christlike.
WE BELIEVE....The Church has a commission to seek and save all who are lost in sin. We believe the "church" is the body of Christ and consists of people who throughout time have accepted God's offer of redemption regardless of religious denomination through the sacrificial death of His Son, Jesus Christ.
WE BELIEVE....A divine healing of the sick is a privilege of believers today and is provided for by Christ's atonement (His sacrificial death on the cross for our sins.) [1 of 4 cardinal doctrines of the AG]
WE BELIEVE....In the Blessed Hope when Jesus raptures His church prior to His return to earth (the second coming). At this future moment in time, all believers who have died will rise from their graves and will meet the Lord in the air, and Christians who are alive will be caught up with them, to be with the Lord forever. [1 of 4 cardinal doctrines of the AG]
WE BELIEVE....In the Millennial Reign of Christ when Jesus returns with His saints at His second coming and begins His benevolent rule over the earth for 1000 years. This millennial reign will bring of national Israel and the establishment of universal peace.
WE BELIEVE....A final judgment will take place for those who have rejected Christ. They will be judged for their sin and consigned to eternal punishment in a punishing lake of fire.
WE BELIEVE....And look forward to the perfect new Heavens and Earth that Christ is preparing for all people, of all time, who have accepted Him. We will live and dwell with Him there forever following His millennial reign on earth. 'And so shall we be forever with the Lord'!

For Office Use Only:

Accepted: Yes No Grade: _____ Date: _____ Initials: _____
Terms: _____ Registration Fee \$35.00: Check # _____ Cash CC

River of Life Academy will admit students of any race, color, or national or ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students at the school. We will not discriminate on the basis of race, color, or national and ethnic origin in the administration of our educational and admission policies nor in our scholarship, athletic and other programs.

FAMILY INFORMATION

Mother Name: _____ Email: _____

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

Home Phone: _____ Cell: _____ Work: _____

Employer: _____ Occupation: _____

Father Name: _____ Email: _____

Address: Check if same as above
_____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ Work: _____

Employer: _____ Occupation: _____

If child does not live with both natural parents, list the name, address, and phone of the other natural parent. *(Optional)* _____

_____ Should this parent receive correspondence? Yes No

Names and Ages of Siblings: _____

If mother is working outside the home, how many hours? _____ Indicate how you plan to meet the educational and childcare responsibilities associated with homeschooling below:

EDUCATIONAL INFORMATION

Are you a: Returning Student (if so, proceed to "Spiritual Information") New Student

School last attended: _____ Phone: _____

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

Have any grades been: Skipped? Repeated? Which Grade? _____

Has child ever been: Suspended? Expelled? Referred to Administration for Discipline reasons?

Please explain: _____

Has student ever been evaluated or referred for evaluation for learning difficulties? Yes No

I have attached a copy of the evaluation OR please give details on a separate sheet of paper.

SPIRITUAL INFORMATION

As a member of River of Life Academy, you are joining a faith based homeschool group. As a group, we are representatives of River of Life Church and ultimately Jesus. It is important that we represent Christ in the community as best we can. This includes students as well as parents.

Are you a Christian? Yes No Mother: Yes No Father: Yes No

On what do you base your belief? _____

How often do you attend church? Father _____ Mother _____ Student _____

Name of Church: _____

Name of Pastor: _____ Denomination: _____

How did you hear about River of Life Academy? _____

Referred by: _____

PARENT’S / GUARDIAN’S STATEMENT OF SUPPORT

NOTE: Please read the following statements. If there is any statement you cannot personally support, please initial it and discuss it with us in a personal interview. Generally, your honest inability to commit to any of these support measures would not necessarily prohibit acceptance into River of Life Academy; however, we want you to know from the start the foundational premises of River of Life Academy, our parental expectations, and how important it is to have your personal support.

1. We have read the “Statement of Faith” of the school and are willing to have our child/ren educated in accordance with them.
2. We will regularly and earnestly pray for River of Life Academy.
3. We will worship the Lord regularly at a Bible-believing church.
4. We will fully cooperate in the educational activities of River of Life Academy by doing our best to make Christian education effective in the lives of our children.
5. The school reserves the right to expel any student when either the parents/guardians or the student does not cooperate with the policies of the school.
6. We will volunteer for duties and responsibilities for River of Life Academy as opportunities arise and God provides the time and strength.
7. If we become dissatisfied with River of Life Academy in any way, we will strive to resolve the matter with the person(s) involved as privately and lovingly as possible, rather than spreading criticism and negativism. (Matt 18:15-17; 5:23-24)
8. We will seek to support and advance River of Life Academy in every area possible – spiritually, academically, physically and financially.
9. School activities will have priority in our family’s personal schedule. To the best of our ability, we will faithfully attend parent meetings and other home school activities.
10. Failure to disclose information about your student including, but not limited to, disciplinary and academic issues may result in your application being revoked.

A covenant is a binding agreement between two parties. It signifies a solemn oath and sincere pledge of mutual respect and cooperation. River of Life Academy covenants to provide the best it can for your child/ren with regard to administration and support of the education of your child/ren. We further pledge to do all possible to support your home in growing your student(s) in the nurture and admonition of the Lord.

As the legal parents of our children, we enter into a covenant with River of Life Academy. We agree that it is our responsibility to strive diligently toward the observance of the “Parent’s Statement of Support” as God enables us by the power of the Holy Spirit. If for some reason we become dissatisfied, we promise to handle the matter as privately and lovingly as possible. If support or resolution cannot be reached, we recognize it is our responsibility to leave and seek a school in alignment with our personal convictions. Together, as a school and as parents, we pledge to submit our lives to one another and to the final authority of the Word of God.

Both parents/guardians must sign:

Father’s / Guardian’s Signature

Date

Mother’s / Guardian’s Signature

Date

River of Life Academy
281 N. Division St
Oviedo, FL 32765
407-365-5557



**RIVER OF LIFE ACADEMY
REGISTRATION FEE SCHEDULE**

Registration School Year 2016 / 2017 is \$35 per family.

Date: _____

Student Name: _____
Date of Birth: _____
Grade Entering: _____

Parent Name: _____
Address: _____

Student Name: _____
Date of Birth: _____
Grade Entering: _____

Email: _____
Phone: _____

Student Name: _____
Date of Birth: _____
Grade Entering: _____

Student Name: _____
Date of Birth: _____
Grade Entering: _____

Records to be submitted with this application:

1. Photocopy of birth certificate (new registrants only)
2. Certification of immunizations (DH-680) and school entry health exam within one year prior to initial enrollment; or a religious exemption card (DH-681) which can be obtained from your county health department.
3. Curriculum List
4. \$35 Annual Family Registration Fee. Field Trips, Co-ops, etc. will be extra and those fees will be provided upon scheduling. Please make your check payable to River of Life Church with River of Life Academy in the subject line.

REGISTRATION IS NOT COMPLETE UNTIL ALL APPLICABLE RECORDS ARE RECEIVED. As the parent/guardian of the above named student(s), I understand that River of Life Academy is a home-based education program and that I am solely responsible for facilitating the educational program for my child. I agree to provide proof of age, medical forms required by statute, attendance records, and other forms required by the State of Florida for the above named student. I release River of Life Academy from any and all responsibility and absolve them from any claim of loss, damage or injury of any nature to persons or property from the enrollment in the school.

____ I agree ____ I do not agree.

Parent Signature _____

CURRICULUM LIST

New Curriculum List

Updated Curriculum List

Student Name: _____ Grade: _____

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|--|
| Subject: Math English Science Social Studies Elective Grade Level: _____ |
| Course Name: _____ Publisher: _____ |
| Other Info/Notes: _____ |

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|--|
| Subject: Math English Science Social Studies Elective Grade Level: _____ |
| Course Name: _____ Publisher: _____ |
| Other Info/Notes: _____ |

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| Subject: Math English Science Social Studies Elective Grade Level: _____ |
| Course Name: _____ Publisher: _____ |
| Other Info/Notes: _____ |

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| Subject: Math English Science Social Studies Elective Grade Level: _____ |
| Course Name: _____ Publisher: _____ |
| Other Info/Notes: _____ |

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| Subject: Math English Science Social Studies Elective Grade Level: _____ |
| Course Name: _____ Publisher: _____ |
| Other Info/Notes: _____ |

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| Subject: Math English Science Social Studies Elective Grade Level: _____ |
| Course Name: _____ Publisher: _____ |
| Other Info/Notes: _____ |

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| Subject: Math English Science Social Studies Elective Grade Level: _____ |
| Course Name: _____ Publisher: _____ |
| Other Info/Notes: _____ |

Medical Release Form

| STUDENT NAME | EMERGENCY PHONE | ALLERGIES |
|--------------|-----------------|-----------|
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In order to avoid delay in treatment, I authorize the adult leader of any River of Life Academy event or activity the child(ren) whose names are above are participating in to seek medical care. This authority includes any and all treatment deemed medically necessary by a physician or medical professional.

I hereby release any doctor or medical professional, River of Life Church, River of Life Academy and any of its members from any liability arising out of any injury or illness which may occur on or off property of River of Life Church in any River of Life Academy meetings, events, parties, field trips, etc. This authorization shall continue its validity for a period of one year from the date I sign this form.

Parent / Guardian

Date

Insurance: _____

Policy # _____

Group#: _____

Effective Date: _____

Physicians Name/Number: _____

Child's Father/Guardian: _____

Home #: _____ Work #: _____ Cell #: _____

Child's Mother/Guardian: _____

Home #: _____ Work #: _____ Cell #: _____

Emergency Contact: _____ Number: _____

Relationship to child: _____