



RIVERSIDE CHRISTIAN ACADEMY: STUDENT PROFILE

2026- 2027 School Year: Intake for September 2026

Has your child experienced behavioural problems (either in an outside setting or at home)? yes no

If yes, please explain:

Has your child experienced any social or emotional issues at school or at home? yes no

If yes, please explain:

Is there any behavioural information that would help us understand your child better?

SECTION C: LEARNING ASSISTANCE (if applicable)

RCA believes all children are created in God's image. His creation is a wonderful tapestry filled with variety and with that comes a variety of needs.

Some needs may require a specific classroom adaptation or set of resources that better equip a student to learn at their fullest potential. RCA will take into consideration each individual child's needs and consider how best our facility meets the needs of the child. RCA does not

receive allocated funding for children identified with special needs, yet we will work together with parents/guardians to ensure RCA is a proper fit prior to registration. If we are not properly suited or equipped to facilitate a child's education, we will not be able to proceed with registration.

Please fill the following questions to better help us assess your child's needs:

Has your child had, or is your child currently being tutored outside of school? yes no If yes, please indicate when and subjects:

Has your child received, or is your child receiving, Learning Assistance at school? yes no

If yes, please describe the accommodation that they are receiving:



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Has your child had an “adapted” or “modified” notation on any report cards? yes no

Has your child received, or is your child receiving any special services such as speech language therapy, physical therapy, occupational therapy, behaviour intervention, counseling, etc.? yes no
If yes, please explain:

Has your child undergone an assessment of any kind (e.g. psycho-educational, speech language, sight, hearing, physical therapy, occupational therapy, medical assessment, etc.)? yes no
If yes, please describe the type of assessment and attach a copy of assessment results: _

Has your child been diagnosed with ADD, ADHD, ODD, FAS, ASD, Asperger's Syndrome, Sensory Disintegration, Aggression, or Anxiety/Behaviour issues? yes no
If yes, please provide your child’s diagnosis and attach a copy of any documentation:

Has your child been, or is your child currently designated as a child with Special Needs in BC? yes no
If yes, please provide category/designation:

SECTION D: OTHER

Has there been Social Services involvement regarding your child? yes no
Are there any court orders regarding custody of your child? yes no
If yes, please explain (provide a copy of relevant documentation):



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STUDENT MEDICAL INFORMATION FORM

Student Information

Full Name: _____

Birthdate: _____

Parent/Guardian Information (In case of emergency)

Parent/Guardian Name(s): _____

Primary Phone: _____

Alternate Phone: _____

Email Address: _____

Emergency Contact (Other than Parent/Guardian)

Name: _____

Relationship to Student: _____

Phone Number: _____

Medical Information

Personal Health Number: _____

Family Doctor: _____

Doctor's Phone: _____

Allergies

(Please list all known allergies and reactions. Indicate severity.)

Does the student carry an EpiPen? Yes No

If yes, location: _____

Medical Conditions

(Check all that apply and provide details where necessary)

Asthma

Diabetes

Epilepsy/Seizures

Heart Condition

ADHD/ADD

Other: _____

Details: _____



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Medications

(List all medications currently taken by the student)

Is medication required during school hours? Yes No

If yes, please fill out our medication administration form. (Please request at the RCA Office)

Consent & Authorization

I hereby give permission for school staff to administer basic first aid and seek emergency medical treatment for my child if necessary. I understand that every reasonable effort will be made to contact me in the event of an emergency.

Parent/Guardian Name: _____

Signature: _____

Date: _____