



RETURNING STUDENT APPLICATION

Applicable for students absent from RMC for less than 2 years

Rocky Mountain College
4039 Brentwood Road NW
Calgary, Alberta T2L 1L1
Fax: 403-220-9567

Application for: Fall Winter Year: 20 _____
Last semester attended at RMC (if known): _____
RMC Student ID# (if known): _____
RMC Program: _____

Are you planning to apply for the Residence Program Yes No
If yes, complete the **Application for the Residence Program form.**

PERSONAL DATA (Please print clearly)

Name: _____
Last Name First Name Middle Name Previous Surname (if applicable)

Mailing Address: _____
Street / PO Box City

_____ *Province / State Country Postal / Zip Code*

Daytime Telephone: (____) _____ Evening Telephone: (____) _____

E-mail Address: _____ Cell Phone: (____) _____

Birthdate: _____ Birthplace: _____
Month / Day / Year City Country

Gender: Male Female Marital Status: Single Married

Citizenship: Canadian Other _____ Landed Immigrant Status Student Authorization

Name of Parent(s) or Spouse: _____ Phone: (____) _____

Address: _____
Street / PO Box City

_____ *Province / State Country Postal / Zip Code*

Home Church: _____ Denomination: _____ Phone: (____) _____

Church Address: _____
Street/PO Box City Province/State Postal/Zip code

Have you attended an educational institution(s) in your absence from RMC? Yes No If yes, name _____

- Please enclose the following with your application form and return to Rocky Mountain College:
1. Signed RMC Community Responsibilities Agreement and Confidential Personal Health Forms (attached);
 2. If applicable, Residence Application & Damage Deposit of \$400;
 3. If applicable, official transcripts from educational institution(s) attended while absent from RMC.

Enclosed is \$400 residence & damage deposit (if applicable)			
Payment by:	Cheque (payable to Rocky Mountain College)	Visa	Mastercard
			Cash/Debit (not by mail)
Card #:	_____	Expiry Date:	_____
		Name on Card:	_____
Amount of Payment:	_____	Signature of Cardholder:	_____



RMC COMMUNITY RESPONSIBILITIES AGREEMENT

Rocky Mountain College seeks to act in your best interests and to provide protection, guidance and care. We value individual responsibility before God, and ask you to agree to the following community responsibilities. Although not all of these are commanded by scripture, they are shared at RMC as a means to build character and strengthen community. If you have a mental reservation about a specific commitment, please ask to speak to the Dean of Students or an assistant before signing.

- 1. Commitment to take responsibility for personal spiritual growth.**
As a member of the body of Christ and the RMC community, you assume responsibility for your own walk with God. This means developing personal and corporate spiritual disciplines, participating in a local church and in on-campus chapel/small group experiences.
- 2. Commitment to facilitate a spiritually healthy environment.**
As a member of the RMC community you assume responsibility for your relationships with others. This means living in an accepting and respectful manner, and offering restoration and care so that those that attend RMC will find a place of safety, freedom and growth.
- 3. Commitment to abstain from practices and attitudes not sanctioned by scripture.**
Scripture identifies as wrong such specific acts as drunkenness, occult practices, any form of intimate premarital or extra marital sexual involvement, pornographic involvement, and homosexual behaviour. As a member of the RMC community you are required to abstain from these practices. We also guard against such attitudes as greed, jealousy, envy, lust, bitterness, unrestrained anger and unforgiveness.
- 4. Commitment to exercise the mind of Christ in matters of conduct and entertainment choices.**
As an institution building world-influencers, we call you to allow the mind of Christ to guide your decisions at all times and to refrain from the harmful use of any substance or harmful activity that may have a negative effect upon the name of Christ, upon the reputation of Rocky Mountain College, upon your fellow RMC community members, upon your present and future Christian ministry, and upon your personal mind and body. Members of the college community are expected to refrain from the illegal or harmful use of such substances.

Commitment to exercise the mind of Christ is also a commitment to establish Christ-like virtues in relationships, time and choice of entertainment
- 5. Commitment to accept reproof and guidance when needed.**
As a member of the community, you make a commitment to respond to the correction and discipline of the community. This means that you place a level of trust in the people who want to positively influence your life. The faculty and staff want to be worthy of your trust in all their dealings with you.
- 6. The use of alcohol, tobacco and illegal drugs is prohibited at RMC functions and activities, on RMC property or facilities, or when representing RMC.**

As a student of Rocky Mountain College, I agree to support and abide by these commitments and expectations.

Signature

Date

Print Name



CONFIDENTIAL PERSONAL HEALTH FORM

Rocky Mountain College

This information is collected under the authority of the Freedom of Information and Protection of Privacy Act. It will form part of the student record. This confidential information will help college personnel assist the applicant with any health problems which may occur while the student is enrolled at Rocky Mountain College, but will not be considered in the admissions process to the college. **ALL RMC students** are expected to have sufficient medical coverage. All International applicants are expected to apply for Alberta Health coverage upon arrival in Canada. For information on Alberta Health coverage refer to www.health.gov.ab.ca.

Name: _____
Last Name
First Name
Middle Name

1. Do you have Canadian provincial health coverage? Yes No
 If yes, which province? _____ Registration No. _____

2. Do you have private medical insurance? Yes No
 Insurance Company Name _____
 Type of Coverage _____ Policy No. _____

If you should request a referral for additional counselling off campus, is there coverage provision in your private insurance plan?
 Yes No

3. Please check one of the following statements:
 To the best of my knowledge, I am in good health.
 I have a medical condition or disability (please specify in the area provided below.)

4. Please describe briefly any health problems/special needs of which we need to be aware (e.g. allergies, heart condition, diabetes, depression, epilepsy, etc) and any type of assistance you may require.

5. Do any of these conditions require the use of regular medication? If so please indicate what the condition is and what medications you will need to take. This information will be given to a doctor in the event of an emergency.

6. Have you had or are you now receiving assistance for emotional, mental or chronic physical difficulties? Yes No
 If yes, please explain.

 Student Signature

 Date

 Parent Signature (if student is under 18 years)

 Date