



Solid Rock Christian Academy

Enrollment Form

Applicants Name:

First Middle (required) Last Name called Suffix (Jr., I, II)

Gender: Male Female Current Grade: _____ Date of Birth: ____/____/____

Age as of September 1, 2015: _____

Home Address: _____

Street City State Zip County

Home Phone: _____ Cell Phone: _____

Church Affiliation: _____

If divorced, who has primary custody? _____

A copy of custody papers must be remitted at family interview.

Student resides with (Check all that apply):

Father Mother Stepfather Stepmother Guardian Grandparents

Check title for Salutation:

Mr. and Mrs. Mr. Ms. Rev. and Mrs. Other _____

	Father/Stepfather	Mother/Stepmother
<i>First and last name (called by)</i>		
<i>Place of Employment</i>		
<i>Title/Position</i>		
<i>Cell Number</i>		
<i>Work Number</i>		
Email address		

If applicable, please provide the following information on the parent **not living** with the child:

Full Name _____ Spouse's Name _____

Home Address: _____ City, State, and Zip: _____

Home Phone: _____ Cell Phone: _____ Work phone: _____

Occupation/ Business name: _____

Please send: No Mailings All Mailing and Email Communications

Supplemental Information:

Has the Applicant:

Ever repeated a grade: _____Yes _____No If yes, what grade? _____

Reason for repeating _____

Ever been diagnosed with learning, social, physical, or emotional disabilities (gifted education, special learning programs, speech, ADD or ADHD, or occupational therapy, etc.)?

(Response will be held confidential among school personnel)

_____Yes _____No If yes, please describe:

Ever been referred for or received professional, educational, psychological, or personal counseling or testing?

_____Yes _____No

If yes, the school must be furnished with a copy of the test results at the time the application is submitted.

Upon enrolling my child in Solid Rock Christian Academy, it is my desire for him/her to complete the school year. I also give permission for my child to take part in all school activities including sports activities and field trips away from the school premises. I absolve Solid Rock Christian Academy and the school staff from liability to me or my child because of any injury to my child at the school or any activity.

I have read the school information and agree to cooperate fully with the staff and administration of Solid Rock Christian Academy.

Parent or Guardian

Signature _____ Date _____