



Solid Rock Christian School

21951 US Highway 441 - P.O. Drawer 236
 Mt. Dora, Florida 32756-0236
 Ph: (352) 735-5777 Fax: (352) 735-1084
 Web: www.SolidRockFla.org

2010-2011 Enrollment Application

Application Date: _____

Grade Entering: _____

SR____ McKay ____ CF ____ PP____

Student Information

Last Name		First Name		Middle Name		Nick Name	
Street Address				City		State Zip Code	
Date of Birth		SS #		Home Phone #		Male ____ Female ____	
Student lives with: Both Parents ____ Father ____ Mother ____ Legal Guardian ____ Other ____ If other, please explain. _____							

Family Information

Father's Name		Cell Phone		Mother's Name		Cell Phone	
E-mail Address				E-mail Address			
Occupation		Work Number		Occupation		Work Number	
Employer				Employer			
Home address (if different from student)				Home address (if different from student)			
Street address _____				Street address _____			
City _____				City _____			
State _____ Zip Code _____				State _____ Zip Code _____			
Home Phone _____				Home Phone _____			
Sibling's (names and ages)							

Education

Last school attended: _____
Address: _____
Has student ever repeated or skipped any grades? _____ If yes, please explain. _____
Has student ever been suspended or expelled? _____ If yes, please explain. _____

Spiritual Information

Church Name	Denomination	Pastor															
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Emergency Information

Name of person to contact if parent cannot be reached:	Relationship	Phone #	Authorized to pick up? Yes ___ No ___
Name of person to contact if parent cannot be reached:	Relationship	Phone #	Authorized to pick up? Yes ___ No ___
Name of person to contact if parent cannot be reached:	Relationship	Phone #	Authorized to pick up? Yes ___ No ___
Name of Doctor	Street Address	City/St/Zip	Phone #
Name of Insurance Company	Policy Number	Primary Cardholder	

In the space below, please provide any additional information about your child that you feel the school should know. For example: recent events that have impacted your child significantly (death, divorce, separation, etc.), any medical conditions that we should be aware of (medication taken regularly, physical limitations), any educational information (learning disabilities, gifted, etc.), or any other social characteristics that might help us to better understand your child. (shy, very active, etc.)

From time to time, students of Solid Rock Christian School will have their pictures taken, their voices recorded and their images captured on video. Part or all of these materials may be used by the Solid Rock Worship Center, Inc. media department in print, internet, radio or television advertising or as part of a program that will be broadcast over radio, internet or television. If you would like your child's image to be excluded from use by our media department, please check the box below. If not, your signature on this application will indicate your expressed consent for Solid Rock Worship Center, Inc. to use your child's voice and image in any and all means deemed appropriate by our media department.

Please exclude this child from use in media.

I understand that this is an application process and that I will be informed in a timely manner of the acceptance or rejection of my child. I have read the student handbook of Sold Rock Christian School and agree to support and abide by the guidelines and rules of the school. I affirm that I have the legal authority to make educational choices for this child.

PARENT SIGNATURE _____ Date _____