

# SOLID ROCK CHRISTIAN SCHOOL

Date: \_\_\_\_\_

## Enrollment Application

McKay \_\_\_ CF \_\_\_ PP \_\_\_

Grade Entering \_\_\_\_\_

### 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	Mother's Name		
E-mail Address	Cell Phone	E-mail Address	Cell Phone
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. _____
_____

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### Spiritual Information

Church Name	Denomination	Pastor
<b>*Are you Christians? If so, how long?</b>		
<b>Father</b> Yes ___ No ___ _____	<b>Mother</b> Yes ___ No ___ _____	<b>Student</b> Yes ___ No ___ _____
		<b>Church Member?</b> <b>Father</b> <b>Mother</b> <b>Student</b> Yes ___ No ___      Yes ___ No ___      Yes ___ No ___
Does your family attend church regularly? _____		
* On what do you base you answer? _____ _____ _____ _____		

### 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,

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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 \_\_\_\_\_