



Solid Rock Community School

New Student
Application for Admission

Solid Rock Community School

Date of Application _____

Applicant's Legal Name _____ (Last) (First) (Middle) Nickname _____

Home Address _____ Telephone () _____

Gender Male Female Date of Birth _____

Student SSN _____ Country of Citizenship _____

First/native language _____ Languages spoken in addition to English _____

E-Mail _____ School Year _____ Applying for grade _____

Has applicant previously applied to Solid Rock? No Yes If yes, when? _____

Is applicant currently under contract at another school for the coming year? No Yes

If yes, which school? _____ (Name) (Address) (Telephone)

Present School Information: _____ (Name) (Address) (Telephone)

Name of Principal or Head of School _____

Previous School Information: _____ (Name) (Address) (Telephone)

Does SRCS have permission to contact your child's current school? No Yes

FAMILY INFORMATION

Mother's Name & SSN: _____ Father's Name & SSN: _____

Address: _____ Address: _____

Telephone (H): () (W) () Telephone (H): () (W) ()

E-Mail Address: _____ E-Mail Address: _____

Occupation: _____ Occupation: _____

Employer: _____ Employer: _____

Business Address: _____ Business Address: _____

Siblings:

Name	Age	School Attending	Grade
1. _____			
2. _____			
3. _____			

Other friends or relatives who have attended or are attending SRCS:

(Name, including maiden) (Dates Attended) (Relationship to applicant)

SRCS seeks and admits qualified students of any race, color, creed and national or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students of the school.

PARENT QUESTIONNAIRE

Is your child adopted? Yes No

If yes, since what date have they been in your care? _____

Parents' marital status: Married Separated Divorced Widowed Single Other _____

If parents are separated or divorced, with whom is the applicant living? _____

Who bears financial responsibility for the applicant?

Name(s): _____

Address: _____

Relationship to applicant?: _____

Which parent should receive e-mail updates regarding the student? _____

E-mail address: _____

Please complete the following section to help the school learn about your child and how we can best partner with you to serve his or her needs.

Academic strengths: _____

Academic weaknesses: _____

Special Skills and Interests: _____

Has the applicant ever been evaluated for?:

- | | | | |
|-----------------------------------|--|---------------------|--|
| Learning Differences | <input type="checkbox"/> Yes <input type="checkbox"/> No | Behavioral Problems | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Psychiatric/Psychosocial Problems | <input type="checkbox"/> Yes <input type="checkbox"/> No | Visual Problems | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Hearing Problems | <input type="checkbox"/> Yes <input type="checkbox"/> No | I.Q. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Physical Handicap | <input type="checkbox"/> Yes <input type="checkbox"/> No | Current IEP | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Emotional Issues | <input type="checkbox"/> Yes <input type="checkbox"/> No | AD/HD | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Gifted | <input type="checkbox"/> Yes <input type="checkbox"/> No | ODD or RAD | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Has the student ever been subject to major disciplinary action (suspension or dismissal) in any school? Yes No

Has your child received any therapy services? Yes No

Please explain all yes answers below:

Does the applicant take any prescribed medication, have any allergies or need any special medical attention? Yes No

If yes, please explain:

Condition _____ Condition _____

Medication _____ Medication _____

Have there been any situations in the applicant's life that the school should know about in order to meet his or her learning or developmental needs (i.e.: frequent moves, frequent changes of school, death in the family, divorce, etc.)?:

Please list sports in which the student has participated (in order of preference):

1. _____ 3. _____
2. _____ 4. _____

Extracurricular interests, abilities, achievements, musical instruments played:

If your child were to enroll at SRCS, what would you expect the school to do for your child?

How did you learn about SRCS?

A non-refundable \$50.00 fee must be submitted with this application. An additional **non-refundable fee of \$150.00** will be due when scheduling the Developmental/Learning Assessments, if applicable (new students). Checks should be made payable to Solid Rock Community School. The Admissions Committee will review the applicant portfolio and notify the family within 7 business days regarding the student's acceptance.

I/We certify that the information given above is complete and accurate. I/We understand that failure to disclose information about the applicant's medical, educational, or emotional history may affect the school's admissions decision and that the school reserves the right to reverse an admissions decision, even after acceptance and enrollment, if such information has been withheld from the school.

Signature of Parent or Guardian

Date

Signature of Parent or Guardian

Date

OFFICE USE ONLY:

Application Received Date _____ Check No. _____

Interview Date _____ Evaluation Form Testing Scheduled _____

Accepted Yes No _____ Date of Enrollment _____

Data Entry Date _____ By _____

Student Evaluation

To be completed by a current or former teacher, counselor, or pastor.

_____ has applied for admission to Solid Rock Community School.
(Student's Name)

We appreciate the time and effort involved in the completion of the information on this form. Please be assured that all evaluative information reported is regarded as confidential in nature. Please mail or fax in the completed form.

ACADEMIC EVALUATION: (Please circle appropriate ratings.)

Academic potential	limited	fair	average	good	outstanding
Academic achievement	considerably below expectations	somewhat below par	as expected	over achiever	excels
Self motivation	does very little	only that required	some desire to learn	well motivated	
Extracurricular activities	few (1-2)	fairly active (3-4)	very active (more than 4)		
Study habits	poor	fair	good	excellent	
Intellectual curiosity	limited	in one area only	strong and varied	intense	
Ability to work in a group	has great difficulty	sometimes unable to cope	satisfactory	usually effective	always works well
Ability to work independently	needs much supervision	needs help frequently	needs help occasionally	always works well	
Participation in discussion	rarely contributes	contributes when called on	contributes occasionally	wants to dominate	joins in readily
Reads for pleasure	rarely	if prodded	occasionally	frequently	constantly
Ability to write	limited ideas and mechanics	ideas fair, mechanics good	good ideas, mechanics fair	ideas and mechanics strong	
Ability to express ideas orally	limited	has some difficulty	good	exceptionally good	
Accepts classroom policies and procedures	rarely	occasionally	frequently	consistently	
Follows directions	needs much explanation	occasionally needs help	quickly and correctly		
Uses suggestions or corrections	rarely	needs reminding	usually	always	
Turns in assignments when due	rarely	occasionally	frequently	consistently	
Seeks help when needed	rarely	occasionally	usually	always	
Attention span	easily distracted	occasionally distracted	usually good	exceptionally good	
Is this child working on grade level or above grade level in his or her core subject areas?				yes	no

PERSONAL EVALUATION: (Please circle appropriate ratings.)

Maturity in terms of age & grade	very immature	somewhat immature	normal	above average	very mature
Integrity	questionable	usually trustworthy	highly developed		
Consideration of others	rarely considerate	usually considerate	exceptionally thoughtful		
Social adjustment with peers	relates poorly	has frequent minor problems	has occasional minor problems	healthy relationships	
Leadership potential	a follower	leads when put in position	seeks opportunities and uses them well	a natural leader	
Initiative	never initiates	rarely shown	occasionally initiates	frequent display	
Classroom conduct	frequently disruptive	occasional misconduct	usually good behavior	good conduct	

Please complete both sides of form.

PERSONAL EVALUATION: (Continued)

Stability	easily frustrated	seeks much attention	somewhat tense	stable	
Sense of humor	rarely laughs or smiles	normal	good	delightful	
Self confidence	needs much reassurance	appears overly confident	needs some support	healthy self-image	
Accepts responsibilities	rarely	sometimes	usually	always	
Cooperates with adults	rarely	sometimes	usually	always	
Parent cooperation	fair	good	outstanding		
Recommendation as a student	poor	fair	good	excellent	outstanding
Recommendation as a person	poor	fair	good	excellent	outstanding
Would this child be eligible to re-enter your school at the next grade level?				yes	no
Has this student been involved with alcohol or drugs?				yes	no
Has the child ever been referred for an educational evaluation? (If yes, please explain.)				yes	no
Does this student demonstrate a pattern of unacceptable behavior? (If yes, please explain.)				yes	no
Does this student have any non-academic problems that impede academic success? (If yes, please explain.)				yes	no

Please share your observations and any explanations which will help us understand this child and promote his/her successful transition to Solid Rock Community School.

Signature

Print or type name

Subject Taught _____

School/Business/Church name

School/Business/Church address

Please mail to: **Admissions Office
Solid Rock Community School
1350 East Lake Road N.
Tarpon Springs, Florida 34655**

Please complete both sides of form.