

FAMILY RECORDS (Secondary Relations)

If legal parents are not living in the same residence, the non-custodial parent's information should be entered under this section. Please ✓ all that apply:

- Publish Phone/Address
 Print on Reports
 Send Mail
 Pick Up
 Emergency Contact
 Receive Report Cards
 Responsible for Bills
 I/We agree for my/our business/employment info to be included in the school directory.

Relation to student _____ Title (Mr., Mrs., Ms., Miss, Dr., Rev.) _____ First Name _____ Last Name _____ Home Address _____ _____ Mailing Address (if different) _____ _____ Email Address _____ Occupation _____ Employer _____ Work Phone _____ - _____ - _____ Ext. _____ Cell Phone _____ - _____ - _____ Home Phone _____ - _____ - _____	Relation to student _____ Title (Mr., Mrs., Ms., Miss, Dr., Rev.) _____ First Name _____ Last Name _____ Home Address _____ _____ Mailing Address (if different) _____ _____ Email Address _____ Occupation _____ Employer _____ Work Phone _____ - _____ - _____ Ext. _____ Cell Phone _____ - _____ - _____ Home Phone _____ - _____ - _____
---	---

SCHOOL HISTORY

1. List current school and all other schools applicant previously attended, beginning with current school..

School name and Mailing Address	Contact Information	Attendance Dates	Grade	School Type*
	Phone: Principal: Fax:			
	Phone: Principal: Fax:			
	Phone: Principal: Fax:			

*Codes for School Type 1=Public 2=Private 3=Christian 4=Home School

2. Has your child ever been: Suspended? No Yes Expelled? No Yes Placed on probation? No Yes
 Asked to withdraw? No Yes Have you ever been asked to leave a school as a family? No Yes
 (If so, provide full details on a separate sheet of paper, including school, administrator's name, address and phone number.)
3. Are there any behavioral concerns or issues that SRCS should be aware of? _____

4. Has your child, to your knowledge, been involved with alcohol, drugs or tobacco? No Yes (Please include details on separate sheet of paper.)
5. Has your child ever repeated a grade? No Yes (If so, what grade? _____ School Year _____)
6. Has your child ever been diagnosed with any type of learning difficulty or disability, such as ADD, ADHD, ASD, OCD, ODD, etc.?
No Yes (If so, please include a copy of any testing related to this area.)
7. For scholarship eligibility purposes, please choose any of the following diagnoses your child has received from a medical professional: Autism Spectrum Disorder Muscular Dystrophy Cerebral Palsy Down Syndrome Prader-Willi Syndrome Spina Bifida Williams Syndrome Intellectual disability

8. Is applicant currently under contract with another private school? No Yes (If so, which school? _____
_____) Please explain why you are withdrawing the student from this school. _____

Does SRCS have permission to contact this school? No Yes Are you leaving on good terms? No Yes

9. What is your current yearly out-of-pocket tuition? _____ What payment plan do you currently use? _____

10. Does your child receive any state funding for tuition? No Yes If yes, FTC-SUFS PLSA-SUFS FTC-AAA
PLSA-AAA McKay

If McKay, what is your child's matrix number or funding amount (if known)? _____

Name and social security number of person who applied for McKay scholarship: _____

_____ If coming from public school, did you file your parental intent? No Yes
If yes, please give confirmation # _____.

11. Does your child have: 504 Plan IEP from public school? If yes, please provide a copy.

HEALTH INFORMATION

I/We understand that all State of Florida immunization and physical exam requirements must be met as part of the enrollment process.

1. Does your child have a handicap? No Yes If so, please describe: _____

2. Does your child have special needs? No Yes If so, please describe: _____

3. Does your child have any allergies? No Yes If so, please describe: _____

Please list medications to treat these allergies _____

4. Does your child participate in speech therapy? No Yes OT? No Yes PT? No Yes ABA? No Yes

5. Is there any medical reason the applicant cannot fully participate in the physical education program? No Yes

If so, please explain: _____

6. Please list any medications taken on a regular basis: _____

7. Please provide further information which may assist in the education of your child at SRCS (such as moving, illness, death in family, divorce, disability or other data of which the school should be aware.) _____

FAMILY AND STUDENT CHARACTERISTICS

1. How did you learn about SRCS? Church Website Internet Search Referral* Other _____

*If applicable, please tell us the name of the person who referred you: _____

2. Church you now attend: _____

3. Describe your child (include strengths and areas where SRCS may be of assistance): _____

Solid Rock Community School does not maintain a special needs education program, nor does it employ a guidance counselor. SRCS holds the right to dismiss any student whose parent/guardian falsifies or does not fully disclose all information on this application. Acceptance to SRCS is contingent upon review of academic and behavioral records, and academic evaluation, successful interview and trial day.

TUITION PAYMENTS

Discounts You may select all that you are qualified for; We will apply the highest discount.

- (a) multi-family- 10% discount for all additional children after the first.
- (b) full time ministry- 15% discount per child
- (c) military- 15% discount per child
- (d) full payment, in advance, of the out-of-pocket portion of tuition - 5% discount per child

Out-of-Pocket Tuition

Solid Rock does not bill. It is the signer's responsibility to be aware of due dates and to make sure funds are available on the date the automatic payment is scheduled to run. Your owed tuition and payment plan will be reflected in our school management system.

Please request a payment plan below. Families with a history of late balances do not qualify for the eight and twelve payment plans.

Full payment in advance: due upon acceptance, on or before June 1st. This choice offers a 5% discount on tuition owed out of pocket.

Credit/debit card billing is required for the payment plans below.

Two-payment plan: Fifty percent of the full tuition to be paid June 1st and the remainder December 1st.

Four-payment plan: Four equal payments due June 1st, Sept 1st, Dec 1st, and March 1st.

Eight-payment plan: Eight equal payments due June 1st through January 1st.

Twelve-payment plan: Twelve equal payments due June 1st through May 1st.

*Each balance due contains a \$15 administrative fee. Late payments will incur a fee.

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.



Solid Rock Community School

DOCUMENTS NEEDED – Please return copies with the completed application

_____ Vaccination- Form DH680 or religious waiver

_____ Physical- Form 3040

_____ Student Birth Certificate

_____ Parent Social Security Card (if scholarship)

_____ Student Social Security Card (if scholarship)

_____ Parent Driver License or ID

_____ Student Driver License or ID, if applicable

_____ Custodial Agreement, if applicable

_____ IEP/504 Plan

_____ FTC Letter

_____ PLSA/Gardiner Letter

_____ PLSA/Gardiner ID card

_____ VA Letter