



Solid Rock Community School

Student Application for Enrollment

GRADE (circle): K 1 2 3 4 5 6 7 8 9 10 11 12	Parents: Please attach identification photo here.
For office use only.	
Date application received: _____ Application fee: \$_____	
CC/Cash/Ck #: _____ Tour _____	
Assessment: _____ Trial Day _____	
Interview: _____	

Please return this completed application with a \$100.00 application fee.

School Year Applying for _____ Date of Application: _____

STUDENT RECORD

Student's Full Legal Name: _____
 First Middle Last

Nickname: _____ Birth Date ____/____/____ Gender: Male Female

Home Address: _____
 Street City Zip

Race (please all that apply): African American Asian American Caucasian Latino Hispanic Other Minority

Is child an American citizen? Yes No If you answer no, what country's citizenship does s/he hold? _____

Does s/he hold dual citizenship? Yes No If you answered yes, in what other country? _____

First/Native Language: _____ Other Languages Spoken _____

Student SSN: _____ - _____ - _____ Grade Applying For: _____

FAMILY RECORDS (Primary Relations)

In this section, please list the adult or adults with whom the student primarily resides or has/have legal custody. If parents are not living in the same residence, the non-custodial parent's information should be entered under section for Secondary Relations. If either parent is forbidden by court order to have equal access to the child or school records, documentation must be provided. Unless otherwise notified in writing, the following information applies:

- 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 _____ - _____ - _____ Social Security # _____ - _____ - _____	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 _____ - _____ - _____ Social Security # _____ - _____ - _____
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FAMILY RECORDS (Secondary Relations)

Please list emergency contacts and people who are allowed to pick up your child (if additional space needed, use separate sheet of paper):

- 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 _____ - _____ - _____
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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. For scholarship and support eligibility purposes, please choose any of the following diagnoses your child has received from a medical professional: Autism Spectrum Disorder (ASD) Muscular Dystrophy Cerebral Palsy Down Syndrome
 Prader-Willi Syndrome Spina Bifida Williams Syndrome Intellectual Disability Phelan McDermid Syndrome Rare Diseases
 Anaphylaxis Deafness Visual Impairment Dual Sensory Impairment Traumatic Brain Injury Hospital/Homebound
 ADD ADHD OCD ODD Language Impairment Speech Impairment

Other: _____

7. 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

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

9. Does your child receive or qualify for any state funding for tuition? No Yes Check one: Applied for Approved for If yes,

Income scholarship-SUFS Gardiner-SUFS Income scholarship-AAA Gardiner-AAA McKay HOPE

Family Empowerment

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 # _____.

10. 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.

Student lives with: _____

Please list all siblings:

Name: _____ Age: _____ School attending: _____ Grade: _____

Name: _____ Age: _____ School attending: _____ Grade: _____

Name: _____ Age: _____ School attending: _____ Grade: _____

Name: _____ Age: _____ School attending: _____ Grade: _____

Name: _____ Age: _____ School attending: _____ Grade: _____

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.
- (c) military- 5% discount per child, if documentation provided with application
- (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 (Code 1: K-6th OR Code 8: 7th -12th) or religious waiver

_____ Physical or Sports Physical

_____ Medical Consent Form

_____ 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

_____ Last Report Card/Progress Report

_____ Unofficial or Official Transcripts, if in high school

_____ Custodial Agreement, if student does not live with both parents

_____ IEP/504 Plan

_____ Income Scholarship Award Letter

_____ Gardiner Eligibility Letter

_____ Gardiner ID card

_____ HOPE Award Information

_____ Family Empowerment Scholarship Award Information