

2018-2019 Solid Rock Christian School Enrollment Application

By applying to Solid Rock Christian School, a Ministry of Solid Rock Worship Center, Inc. I am requesting a Biblical Christian Education.

Application Date: _____

Grade Entering: _____ McKay ____ SUFs ____ PP ____ Gardiner ____ AAA ____

Student Information

Last Name	First Name	Middle Name	Nick Name
Street Address		City	State Zip Code
Date of Birth		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)			

Solid Rock Christian School a Ministry of Solid Rock Worship Center, Inc.
 21951 US Highway 441, Mt. Dora, Florida 32757 | Phone: (352) 735 – 5777 or (352) 460 - 5889 Fax: (352) 735-1084
 Website: www.SolidRockChristianSchool.com Email: support@solidrockfla.com
 Accredited by Florida Council of Christian Private Schools

In the spirit of Christian unity and the love that Jesus Christ shows for all mankind, the church, Solid Rock Worship Center, Inc., and its school, Solid Rock Worship Center, Inc. DBA Solid Rock Christian School, shall have a racially nondiscriminatory policy and, therefore, shall not discriminate against members, applicants, students, and others on the basis of race, color, or national or ethnic origin.

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																		
<table style="width: 100%; border: none;"> <tr> <td align="center" colspan="3">Are you Christians?</td> <td align="center" colspan="3">Church Member?</td> </tr> <tr> <td align="center">Father</td> <td align="center">Mother</td> <td align="center">Student</td> <td align="center">Father</td> <td align="center">Mother</td> <td align="center">Student</td> </tr> <tr> <td>Yes ___ No ___</td> <td>Yes ___ No ___</td> <td>Yes ___ No ___</td> <td>Yes ___ No ___</td> <td>Yes ___ No ___</td> <td>Yes ___ No ___</td> </tr> </table>	Are you Christians?			Church Member?			Father	Mother	Student	Father	Mother	Student	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___		
Are you Christians?			Church Member?																	
Father	Mother	Student	Father	Mother	Student															
Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___															

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.)

Solid Rock Christian School

A Ministry Outreach of Solid Rock Worship Center, Inc.

21951 US Highway 441 - P.O. Drawer 236
Mt. Dora, Florida 32756-0236

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Web: www.SolidRockChristianSchool.com

Statement of Non-Discrimination

In the spirit of Christian unity and the love that Jesus Christ shows for all mankind, the church, Solid Rock Worship Center, Inc., and its school, Solid Rock Worship Center, Inc. DBA Solid Rock Christian School, shall have a racially nondiscriminatory policy and, therefore, shall not discriminate against members, applicants, students, and others on the basis of race, color, or national or ethnic origin.

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 Solid 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.

If transferring to Solid Rock Christian School, please answer the following:

How did you hear about Solid Rock Christian School?

What is the reason for leaving current school?

PARENT SIGNATURE _____

Date _____

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