

2020-2021 Solid Rock Christian School Enrollment Application

Application Date: _____

Grade Entering: _____

McKay ____ SUFS ____ PP ____ Gardiner ____ AAA ____ AAA Gardiner ____ SUFS Gardiner ____
 ____ Family Empowerment

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. _____							
Who has legal custody of said student: (Documentation Required.) _____							

Family Information

Father's Name		Cell Phone		Mother's Name		Cell Phone	
E-mail Address		Home Phone		E-mail Address		Home 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 _____			

Previous 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
Are you Christians? Father Yes ___ No ___ Mother Yes ___ No ___ Student Yes ___ No ___	Church Member? Father Yes ___ No ___ Mother Yes ___ No ___ Student Yes ___ No ___	

Emergency Information: Do not put any name that is not authorized to pickup.

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

Ph: (352) 735-5777 Fax: (352) 735-1084

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.

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?

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.

By applying to Solid Rock Christian School, a Ministry of Solid Rock Worship Center, Inc., I am requesting a Biblical Christian Education. By application, I understand and agree, Solid Rock Christian School, a Ministry of Solid Rock Worship Center, Inc., makes no guarantees, expressed, written or implied regarding academic or educational outcomes.

PARENT/GUARDIAN WITH LEGAL CUSTODY SIGNATURE:

Signature _____ Date _____

Solid Rock Christian School a Ministry of Solid Rock Worship Center, Inc.

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Accredited by Florida Council of Christian Private Schools

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Authorization for Emergency Medical Care

I _____, hereby certify that I am the legal parent or guardian of _____ and I understand that Solid Rock Christian School, a ministry of Solid Rock Worship Center, Inc., does NOT have trained medical personnel on the campus and I hereby authorize the administration or staff of Solid Rock Christian School, a ministry of Solid Rock Worship Center, Inc., to give my consent for all necessary emergency medical treatment my child may require while in said individuals custody in the event of serious illness or accident, and I cannot be immediately contacted,

I give permission for my child to be transported by ambulance or other conveyance to a doctor's office, clinic, or hospital for immediate attention. In addition, I affirm that I will assume sole responsibility for all medical bills, including ambulance fees, which are incurred.

Authorization to Transport

In the event of an emergency that requires the school to vacate the premises and I and/or my contacts are unreachable, I hereby authorize the administration or staff of Solid Rock Christian School, a ministry of Solid Rock Worship Center, Inc., to transport my child to a safe environment until I can be reached.

State of Florida - County of Lake.

Affirmed and subscribed before me this ____ day of _____, _____ by

Parent/Guardian Signature

Print Name

Notary Seal

Notary Signature

Personally known to me _____ or produced identification _____

Transcript Request Form

Name of Last School Attended: _____

School Address: _____

School Phone: _____ School FAX: _____

Student Name: _____ Grade: _____ DOB: _____

Student Name: _____ Grade: _____ DOB: _____

Student Name: _____ Grade: _____ DOB: _____

Dear Registrar:

The student(s) listed above are in the process of enrolling in Solid Rock Christian School. Please send a complete Academic Transcript including:

- Grades • Grades at time of withdrawal • Attendance records • Health/Immunization records
- Birth Certificate • Grading system or scale • Standardized test scores
- Intellectual psychological evaluations • IEP (if applicable)

All such records and information will be held in strict confidence and are for professional use of authorized school personnel only. If the student left during a grading period, please indicate the partial grades earned for that period. If these records are not available at your school, please advise accordingly. Thank you for your cooperation.

Please send the requested material to:

Solid Rock Christian School
P.O. Drawer 236
Mount Dora, FL 32756-0236

Parent/Legal Guardian Approval: _____

Date: _____

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At Solid Rock Christian School, a ministry of Solid Rock Worship Center, Inc., your student has the opportunity to achieve one of our two different High School Diplomas. Listed below are the minimum requirements necessary to receive each specific high school diploma from Solid Rock Christian School.

Diploma Options

***SRCS Standard High School Diploma**

24 Credit Minimum with a Minimum GPA of 2.0

- 4 High School Level English Levels I - IV
- 4 High School Level Math including: Algebra I, Geometry, and two other High School level Math courses
- 3 High School Level Science(s) including: Biology, Physical Science, Chemistry, Physics or Earth Space Science
- 4 High School Level Social Sciences including: World Geography, American History, World History, Civics and Economics
- 1 Fine Art Credit
- 1 PE/Health Credit
- 4 Bible Credits
- 3 Elective Credits
- 2 Credits of the same Foreign Language (optional)

SRCS General Studies High School Diploma (minimum starting point- 5th grade level)

24 Credit Minimum with a Minimum GPA of a 1.0

- 4 years of Math
- 4 years of English
- 3 years of Science
- 3 years of Social Studies
- 1 Fine Art Credit
- 1 PE/Health Credit
- 4 Bible Credits
- 4 Elective Credits

The SRCS GENERAL STUDIES DIPLOMA is the option for students who are unable to meet some or all of the requirements for the SRCS STANDARD HIGH SCHOOL DIPLOMA. Accordingly, courses taken outside the requirements of the SRCS STANDARD HIGH SCHOOL DIPLOMA will be labeled as GENERAL STUDIES courses and will receive remedial course codes.

As of this _____ day of _____, _____, I acknowledge that my child _____, is working on a path toward a SRCS STANDARD HIGH SCHOOL DIPLOMA or a SRCS GENERAL STUDIES HIGH SCHOOL diploma.

Although numerous students, after having attended Solid Rock Christian School, went on to achieve successful academics at college(s), the military or university, SRCS makes no guarantees expressed or implied concerning the university/college admission process or acceptance nor job placement. I understand that it is my responsibility to check with the specific college or vocational school that my child wishes to attend post high school to verify entrance requirements (including but not limited to EOC exams, SAT/ACT score requirements, course prerequisites, along with minimum GPA.)

Parent's Signature

Parent's Name Printed

Date

Adult Student's Signature (if 18 years or older)

Adult Student's Name Printed

Date

SRCS Staff Signature

Staff Printed Name

Date

Accommodation Form

Student: _____

Grade: _____

Teacher: _____

Special Academic Arrangements:

I am aware of and agree to the above listed special academic arrangements for the _____ school year.

Parents Signature/Date

SRCS Staff/Date

Tutoring Record

Student Name: _____

Number of Sessions Required: _____

	DATE	SUBJECT	SIGNATURE
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2			
3			
4			
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FLORIDA DEPARTMENT OF EDUCATION
OFFICE OF INDEPENDENT EDUCATION
AND PARENTAL CHOICE

IEPC - AFF1
Pursuant to Rule 6A-6.0970
Effective November 2009

AFFIDAVIT

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STATE OF FLORIDA
COUNTY OF _____

Before me this day personally appeared _____ (Name of Parent), who
being duly sworn, attests that he or she is the parent or legal guardian of _____
(Name of Student), and that the signature below is his or her true and correct signature and is the signature that
will be used to endorse warrants issued on behalf of the above-named student under the McKay Scholarship
Program.

(SIGNATURE OF PARENT)

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by

(Name of Parent).

Personally Known [] Or Produced Identification []

Type of Identification Produced _____

NOTARY SEAL

(SIGNATURE OF NOTARY)

(PRINTED NAME OF NOTARY)

Parent's Address _____

Parent's Home Telephone _____ Parent's Work Telephone _____

Please review the statutory parent and student responsibilities pursuant to Section 1002.39, Florida Statutes, which
include, but are not limited to:

Any student participating in the program must remain in attendance at a McKay approved school a minimum of 170 actual
school days at the school's physical location, unless excused by the school for illness or other good cause.

Each parent and each student has an obligation to comply with the private school's published policies.

The parent to whom the scholarship warrant is made must endorse the warrant to the private school for deposit into the
account of the private school. The parent may not designate any entity or individual associated with the participating private
school as the parent's attorney in fact to endorse a scholarship warrant.

Adam Miller
Executive Director
Office of Independent Education and Parental Choice

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Agreement to Pay for the Academic Year 2020-2021 ONLY
See SRCS Administration

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FL DOE Annual Reporting Form

Solid Rock Christian School, a ministry of Solid Rock Worship Center, Inc., is required by the Florida Department of Education to report demographics of its students on an annual basis. Because of this we ask you to furnish the following information:

Student Name: _____

Ethnicity:

- Students of Hispanic/Latino Origin

Race:

- American Indian/Alaska Native
 Asian
 Black or African American
 Native Hawaiian or other Pacific Islander
 White

Parent/Guardian's Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

Solid Rock Christian School Handbook Agreement Form

Solid Rock Christian School Student Handbook

Solid Rock Christian School a Ministry of Solid Rock Worship Center, Inc. reserves the right, at its sole discretion, to change, modify, add or remove portions of the SRCS Student at any time. It is your responsibility to check the SRCS Student Handbook periodically for changes. The student handbook is available online at: www.solidrockchristianschoo.com

By enrolling you agree to all the above mentioned standards and grading policies set forth by Solid Rock Christian School a Ministry of Solid Rock Worship Center, Inc., Student Handbook Academic Year 2020-2021.

Parent's Printed Name

Date

Parent's Signature

SRCS Staff Signature