

Solid Rock Christian Academy

5017 Curtis Clark Drive, Corpus Christi, TX 78411

361-992-4471 - Srcacademy1994@gmail.com

www.solidrockupc.org

Application for Enrollment

STUDENT INFORMATION:

Date of Application: _____ School year: _____

Home Phone: (____) ____ - _____

Name: _____ DOB: _____ Age: _____ Gender: _____

Home Address _____

City _____ ST _____ ZIP _____ Email (optional): _____

Student Social Security Number _____ - _____ - _____

Present Grade: _____

School last or presently attending: _____

School mailing address: _____

Father's Name and Home Address: _____

Father's Work #: (____) ____ - _____ Cell #: (____) ____ - _____

Mother's Name and Home Address: _____

Mother's Work #: (____) ____ - _____ Cell #: (____) ____ - _____

EMERGENCY CONTACT INFORMATION:

Emergency Phone#: (____) ____ - _____ Contact Name: _____

Emergency Contact Relationship to Student: _____

Emergency Phone#: (____) ____ - _____ Contact Name: _____

Emergency Contact Relationship to Student: _____

Continue to next page



MEDICAL HISTORY INFORMATION:

HEAD & NEUROLOGIC

Yes No

- Dizziness or fainting
- Headaches or migraines
- Head injury or loss of consciousness
- History of seizure
- Other head or neurological problems

Explain: _____

HEART & LUNGS

Yes No

- Asthma
- Circulation problems
- Frequent or severe respiratory infections
- Heart trouble or murmur
- High blood pressure
- Shortness of breath or chronic cough
- Other heart or lung problem

Explain: _____

INFECTIOUS DISEASE

- Chickenpox
- Hepatitis A B C (circle one)
- Hepatitis chronic
- Measles
- Meningitis
- Mumps
- Tuberculosis
- Whooping cough
- Other infectious disease

Explain: _____

CHRONIC DISEASE

Yes No

- Cancer
- Diabetes
- Inflammatory bowel disease
- Thyroid problems
- Other chronic disease

Explain: _____

EYE, EAR, NOSE, THROAT

Yes No

- Eye problems
- Explain: _____
- Hay fever / seasonal allergies
- Hearing difficulties
- Sinus problems
- Other eye, ear, nose, throat problem

Explain: _____

ABDOMEN

Yes No

- Hemorrhoids or rectal disease
- Irritable bowel syndrome
- Jaundice (yellow skin)
- Kidney or bladder trouble
- Stomach or intestinal trouble
- Other abdominal problem

Explain: _____

ALLERGIES

YES NO

- Allergies
- If yes list all known allergies: _____
- _____
- _____
- _____
- _____

If your child is on medication that is taken daily please list here and list reason:

Are there any unusual factors in the child's life such as adoption, serious illness, trauma in the home, or other circumstances that the teachers and staff should know as to better teach and help your child? If yes, please explain.

Continue to next page

“I understand that the school program is the integral part of child training of which I am expected to support.”

“I hereby commit to assume my Scriptural responsibilities for financial support of the school.”

“I understand that my child is expected to take part in school activities, including PE and sponsored trips away for the educational facility. I absolve the school from liability to me or my child because of injury to my child at properly supervised school activities.”

“I agree to uphold and support the high academic standards of the school by providing a place at home for my child to study and by encouraging my child in the completion of any homework assignments.”

“I appreciate the standards of the school and will not tolerate profanity, obscenity, in word or action, dishonor to God or the Word of God, or disrespect to the staff of the school.”

“I understand that the school reserves the right, after a parental conference, to dismiss any child who fails to comply with the established regulations and discipline or whose parents do not assume their responsibilities to the school.”

“I understand that tuition is due on the 1st of each month. I understand that I am to communicate as early as possible with the staff if I am unable to pay tuition on the 1st. I understand that, if my payment is late, I will pay a late fee. I also understand that if I am over 30 days late, I will be asked to remove my child from SRCA.”

“I agree to the terms stated on this application and will uphold them completely.”

Parent Signature

Date

Parent Signature

Date