



## Student Application

Date:  School Year:

Student First Name:  M.I.  Last Name:

Date of Birth (Month/Date/Year):  Gender: Male  Female

Student Social Security Number  Student Ethnicity

Birth City  Birth State  Birth Country

Grade Entering in Fall      K  1  2  3  4  5  6

Student Mailing Address (PO Box or Street )

City  State  Zip

Physical Address if different than mailing address

City  State  Zip

Previous School Attended      Dates Attended

School Name

School Address

City  State  Zip

Has the student ever been expelled, suspended, or had any discipline / behavior problems? Yes  No

Religious Affiliation

Current Church / Congregation

Church Address

City

State

Zip

Phone Number

Pastor's Name

Pastor's Email

Pastor's Phone Number

Name of Parent #1 / Guardian / Primary Custodian

First Name  M.I.  Last Name  Suffix

Phone Number  Gender: Male  Female

Relationship to Student  Marital Status

Custodial rights? Yes  No  Financial Responsibility? Yes  No

Email

Preferred Method of Contact: Phone Call  Text  Email

Physical Address

City

State

Zip

Employer Name

Address

City

State

Zip

Phone Number

Name of Parent #2 / Guardian / Primary Custodian

First Name  M.I.  Last Name  Suffix

Phone Number  Gender: Male  Female

Relationship to Student  Marital Status

Custodial rights? Yes  No  Financial Responsibility? Yes  No

Email

Preferred Method of Contact: Phone Call  Text  Email

Physical Address

City  State  Zip

Employer Name

Address

City  State  Zip

Phone Number

Does student have siblings? Yes  No

Identify any other information about the student that the school may need to know.

I, , hereby authorize Solid Rock Christian Academy to request records from my student's previous school.

My signature below affirms that all of the information contained in this application is correct, complete, and honestly presented. I understand that withholding or misrepresenting information in this application may jeopardize my child's admission.

Signature:

Date:

Attach a \$500 check payable to SRCA for registration fees / deposit non-refundable unless application declined by School Board or school doesn't open. Form can be emailed to [admin@solidrockchristian.academy](mailto:admin@solidrockchristian.academy). Mail check to Solid Rock Christian Academy 2645 White Drive Batesville, AR 72501. Be sure to include student name on memo line of check.