Solid Rock Christian Academy

RAMS

Student Application

Date:

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 ☐ 7 ☐ 8 ☐

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.

How did you hear about Solid Rock Christian Academy?

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 . Mail check to Solid Rock Christian Academy 2645 White Drive Batesville, AR 72501. Be sure to include student name on memo line of check.