

Solid Rock Christian Academy

S.R.C.A.

5017 Curtis Clark Drive
Corpus Christi, Texas 78411

Application for Enrollment 2011-2012

STUDENT INFORMATION:

Date of Application: _____ Home Phone: (____) ____ - _____

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

Home Address _____

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

Father's Name and Home Address: _____

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

Mother's Name and Home Address: _____

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

Birthplace: (city, county, and state) _____

Social Security Number _____ - _____ - _____

Present Grade: _____

School last or presently attending: _____

School mailing address: _____

EMERGENCY CONTACT INFORMATION:

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

Emergency Contact Relationship to Student: _____

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

Emergency Contact Relationship to Student: _____

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: _____

EYE, EAR, NOSE, THROAT

Yes No

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

Explain: _____

Phone: (361) 992-4471

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MEDICAL HISTORY INFORMATION: Continued

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: _____

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: _____

CHRONIC DISEASE

Yes No

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

Explain: _____

BONE & JOINTS

Yes No

- Arthritis
- Back pain
- Hip, knee, ankle problem
- Injury to bone or joint
- Painful or swollen joints
- Shoulder, elbow, wrist problem

Explain: _____

INFECTIOUS DISEASE

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

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.

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"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 be 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."

Signature of Father

Date

Signature of Mother

Date