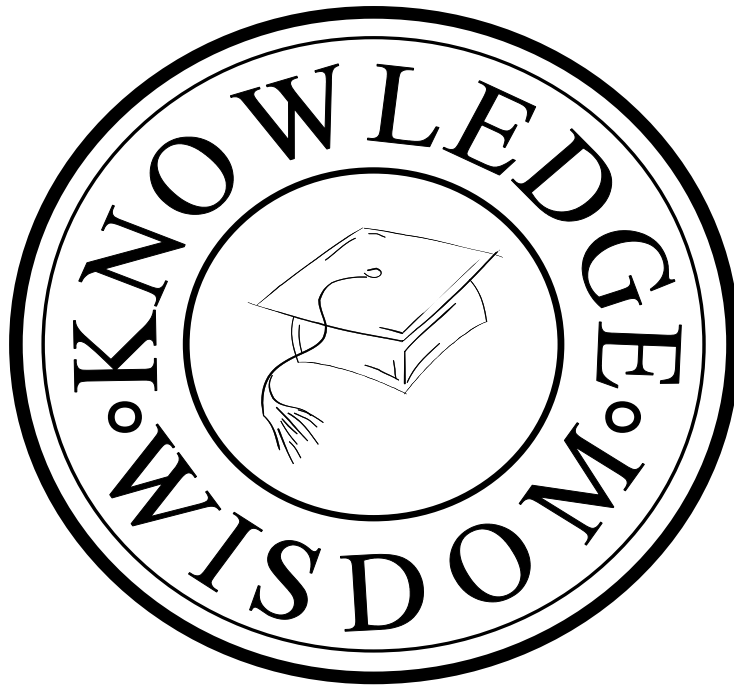


SOLID ROCK ACADEMY

TODDLER'S APPLICATION FOR ADMISSION

(Toddler's Name)



*106 Commerce Street
Fayetteville, Georgia 30214*

Tel#: 770-997-9744

Fax#: 770-997-0061

E-mail: sraj1@aol.com

Web Site: www.solidrockacademy.com

Excellence In Education

Date of Application: _____ Entering Date: _____

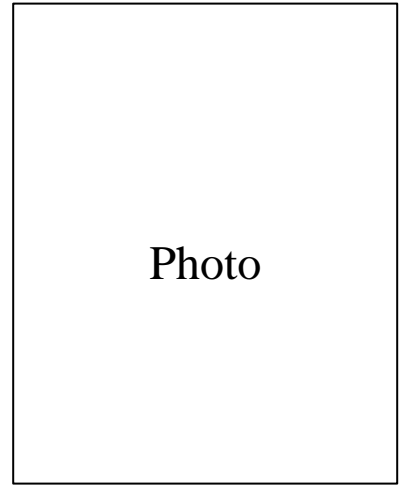
Student's Name: _____
 First Middle Last

Grade Applying For: _____ Grade Last Attended: _____

Child's SS# _____ DOB: _____ Age: _____

Address: _____
 Street Apt. City

_____ State Zip County



How long has the student lived at the present address? _____ Male Female

Former address: _____

List all childcare facilities:

CENTER NAME	ADDRESS	TELEPHONE	TEACHER

Has this student been dismissed, suspended, expelled, or withdrawn at any learning center? Yes No

If yes, explain: _____

Religious Preference: _____

IN MAKING THIS APPLICATION, I UNDERSTAND THAT:

1. The teacher has full discretion in the classroom with the discipline of my child.
2. The administration has full responsibility for placing my child in the proper class.
3. Application fee is non refundable.
4. Monthly tuition is due the first of each month. After the 5th there is a \$20.00 late fee and after the 15th there is a \$50.00 fee.
5. The school reserves the right to dismiss students (**at anytime**) who does not respect its standards or cooperate in the education process.
6. We are willing to have our child trained in accordance with them.
7. We have read the statement above, and subscribe to them.

Parent (s) / Guardian(s) Signature

Date

PERSONAL AND FAMILY INFORMATION

Mother's Name: _____ **SS#:** _____ **Home Tel:** _____

Cell#: _____ **Pager#:** _____ **Driver's License #:** _____ **Exp Date:** _____

Home Address: _____
Street City State Zip

Education: High School College Graduate Occupation _____

Employer Name: _____ **Phone ()** _____

Address: _____
Street City State Zip

Father's Name: _____ **SS#:** _____ **Home Tel:** _____

Cell#: _____ **Pager#:** _____ **Driver's License #:** _____ **Exp Date:** _____

Home Address: _____
Street City State Zip

Education: High School College Graduate Occupation _____

Employer Name: _____ **Phone ()** _____

Address: _____
Street City State Zip

Guardian's Name: _____ **SS#:** _____ **Home Tel:** _____

Cell#: _____ **Pager#:** _____ **Driver's License #:** _____ **Exp Date:** _____

Home Address: _____
Street City State Zip

Education: High School College Graduate Occupation _____

Employer Name: _____ **Phone ()** _____

Address: _____
Street City State Zip

Applicant lives with: _____ **Who has legal custody?** _____

Please check if any of the following apply:

Widowed **Separated** **Divorced** **Remarried** **Married** **Single**

Names of brothers and sisters:

<u>Name</u>	<u>School Attending</u>	<u>Ages</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you had any other children enrolled in this school? **Yes** **No** **If yes please list.**

We became interested in Solid Rock through: Friends () Relatives () Advertisement () Other ()

Explain: _____

Reason for applying to Solid Rock Academy? _____

Please state any other information regarding your child which is relevant to his / her performances at Solid Rock Academy. _____

Has the applicant ever undergone an educational evaluation administered by a clinical psychologist, psychiatrist, or counselor? **Yes** **No**

Has the applicant ever undergone any emotional counseling? **Yes** **No**

Medication Name _____ Dosage _____ Frequency _____

Is your child on any medication? _____ If yes, explain: _____

If yes to any of the above, please explain. _____

Does your child have any allergies, physical disabilities/or limitations? Nature: _____

If yes, explain: _____

Has your child been diagnosed with any learning disability? _____

List any unusual factors in the child's life: (absence of father or mother, or grandparents in the home, unusual accidents or serious illness, adoption, etc.)

List persons authorized to pick up your child:

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

In an emergency involving my child, and if Solid Rock Academy cannot reach me, I hereby authorize the following persons to pick up my child/children.

EMERGENCY RELEASE

Name: _____ **Relationship:** _____

Home Tel: _____ Cell#: _____ Pager#: _____

Home Address: _____
Street City State Zip

Employer Name: _____ Phone () _____

Address: _____
Street City State Zip

Name: _____ **Relationship:** _____

Home Tel: _____ Cell#: _____ Pager#: _____

Home Address: _____
Street City State Zip

Employer Name: _____ Phone () _____

Address: _____
Street City State Zip

Name: _____ **Relationship:** _____

Home Tel: _____ Cell#: _____ Pager#: _____

Home Address: _____
Street City State Zip

Employer Name: _____ Phone () _____

Address: _____
Street City State Zip

Your Child Physician:

NAME	ADDRESS	TELEPHONE #

NOTICE OF NON-DISCRIMINATION

Solid Rock Academy admits qualified students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admission policies, scholarship and loan programs, and athletic and other school-administered programs.

OFFICE USE ONLY

Date Received: _____

Amount of Fees Paid: _____

Interviewed by: _____

Test Date: _____

Accepted: _____

Rejected: _____

Waiting List: _____

Method of Payment:

Cash

Check

Money Order

Credit Card

Principal: _____ Date: _____

Administration: _____ Date: _____