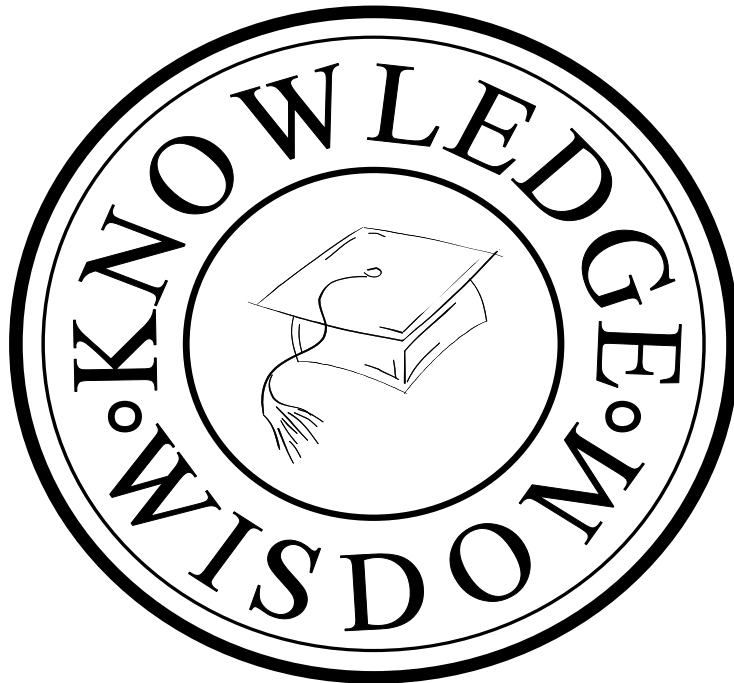


SOLID ROCK ACADEMY

APPLICATION FOR ADMISSION

(Student's Name)



*106 Commerce Street
Fayetteville, GA 30214*

Tel#: 770-997-9744

Fax#: 770-997-0061

E-mail: sraj1@aol.com

Web Site: www.solidrockacademy.com

Excellence In Education

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:

Name

School Attending

Ages

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: _____

Does the applicant desire to be a student of Solid Rock Academy **Yes** **No**

Reason(s) for applying to Solid Rock Academy? _____

Do you consider your child a discipline problem? **Yes** **No**

Will the applicant be allowed to re-enroll in the current school? **Yes** **No**

Has the applicant had any encounters with law enforcement or juvenile or legal agencies? **Yes** **No**

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 outstanding abilities (**physical, mental, artistic, musical, social**) that the student possesses: _____

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: _____