

NEW K5-12 STUDENT ENROLLMENT APPLICATION

STUDENT INFORMATION

Last Name _____ First Name _____ Middle Initial _____ Age _____

Nickname _____ Date of Birth _____ Social Security# _____

Student Email _____ Gender: M F Applying for Grade _____ For School Year _____

Ethnicity: African-American American Indian or Alaska Native Asian Bi-racial Caucasian Hispanic/Latino Other

Last School Attended _____ Who has legal custody? _____ Lives with _____

Has student been enrolled in this school before? Yes No If yes, when? _____ Grade _____ Homeschooler? Yes No

PARENT/GUARDIAN INFORMATION 1

Last Name _____ First Name _____ DOB _____

Title: Mr. Mrs. Ms. Dr. Pastor Reverend Nickname _____ Financially Responsible? Yes No

Relationship to student: Father Mother Stepfather Stepmother Other, specify: _____

Marital Status: Married Divorced Separated Remarried Widowed Single

Home Phone _____ Cell Phone _____ Work Phone _____

Send Correspondence? Yes No If yes, list email address _____

Address _____ City _____ State _____ Zip _____

Church You Attend _____ Denomination _____

Occupation _____ Employer _____ Address _____

PARENT/GUARDIAN INFORMATION 2

Last Name _____ First Name _____ DOB _____

Title: Mr. Mrs. Ms. Dr. Pastor Reverend Nickname _____ Financially Responsible? Yes No

Relationship to student: Father Mother Stepfather Stepmother Other, specify: _____

Marital Status: Married Divorced Separated Remarried Widowed Single

Home Phone _____ Cell Phone _____ Work Phone _____

Send Correspondence? Yes No If yes, list email address _____

Address _____ City _____ State _____ Zip _____

Church You Attend _____ Denomination _____

Occupation _____ Employer _____ Address _____

EMERGENCY CONTACTS AND/OR PICK UP—NOTIFY IF PARENT(S) CANNOT BE REACHED IN CASE OF EMERGENCY

Name _____ Relationship _____ Home Phone _____ Cell Phone _____
to student

Name _____ Relationship _____ Home Phone _____ Cell Phone _____
to student

MEDICAL INFORMATION

Doctor Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Medical Insurance Co. Name _____ Policy # _____ Group # _____

Allergies/Medical Alerts/Convulsions/Handicaps/Special Needs/Limitations/Other health concerns to be aware of? Yes No

If yes, please explain _____

Is your child taking any type of medication? Yes No Please list _____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

How did you hear about Indian Rocks Christian School? _____

Is your child eligible to return to all previously attended schools? Yes No

If no, please explain _____

Yes No

- Has student ever repeated a grade or skipped a grade?
- Has student had any disciplinary difficulties?
- Has student had any academic problems?
- Has student ever been tested/evaluated or diagnosed for learning disabilities?
- Has student ever been tested/evaluated or diagnosed for Attention Deficit Disorder?
- Is your child or has he/she been under the care of a psychologist/psychiatrist?
- Does student have a 504/IEP?

If you answered "yes" to any of the questions above please explain _____

THIS SECTION APPLIES TO 6-12 GRADE STUDENTS ONLY

Is your child now using or has he/she ever used illegal drugs? Yes No

Is your child now using or has he/she ever used alcohol? Yes No

Is your child now using or has he/she ever used tobacco in any form? Yes No

Has your child been suspended, expelled, reassigned or asked to leave any school? Yes No

Has your child ever been arrested or charged with a crime? Yes No

If you answered yes to any question above please explain _____

The submission of this application does not constitute acceptance. After the interview the decision of the admission will be made as soon as possible. Parents affirm their decision to enroll the student in the school by submitting a signed Financial Agreement. I understand that this application will not be processed unless all questions have been completed and the application has been signed and returned with the Registration Fee. **Presentation of false information or omission of pertinent information on this application and/or during an interview will constitute grounds for dismissal from Indian Rocks Christian School with no refund of tuition or fees.**

Parent/Guardian Signature _____ Date _____

* PLEASE NOTE: Application will not be processed without Registration Fee.