

## ADMISSIONS APPLICATION FORM

### For Office Use Only

Application Date:	FAM#
Application Fee Received (\$100) <input type="checkbox"/> Yes	OEN#

STUDENT INFORMATION		
Surname	First	Middle
Apply for Grade	Birth Date <small>MONTH / DAY / YEAR</small>	Student Age
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Canadian Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	
Identification <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Permanent Resident Card <input type="checkbox"/> Other		
Country of Birth	First Language	Second Language
Custody <input type="checkbox"/> Joint <input type="checkbox"/> Guardianship <input type="checkbox"/> Mother – Exclusive <input type="checkbox"/> Father – Exclusive <input type="checkbox"/> Mother/Father – Shared: <i>If shared, parents are</i> <input type="checkbox"/> Separated <input type="checkbox"/> Divorced		
Health Card Number (or other medical insurance):		
Copy of Health Card (or other medical insurance) attached: <input type="checkbox"/>		
Severe allergies (if any):		

SIBLING INFORMATION				
Full Name	Applying <input type="checkbox"/>	Enrolled <input type="checkbox"/>	Grade	D.O.B
Full Name	Applying <input type="checkbox"/>	Enrolled <input type="checkbox"/>	Grade	D.O.B
Full Name	Applying <input type="checkbox"/>	Enrolled <input type="checkbox"/>	Grade	D.O.B
Full Name	Applying <input type="checkbox"/>	Enrolled <input type="checkbox"/>	Grade	D.O.B

CHURCH INFORMATION
Name of Family Church
How did you hear about SRA?

PARENT INFORMATION	
<input type="checkbox"/> Father (If not applicable) <input type="checkbox"/> Guardian 1 Surname First	<input type="checkbox"/> Mother (If not applicable) <input type="checkbox"/> Guardian 2 Surname First
Address	Address <input type="checkbox"/> same as Father
Phone	Phone
Occupation	Occupation
Work Phone	Work Phone
Email	Email

TUITION PAYMENT	
Primary person responsible for tuition payments	Secondary person responsible for tuition payments
If other than parent, relationship to student (i.e. Aunt/Uncle/Friend, etc.)	
Address	
Phone	Email

EMERGENCY CONTACT INFORMATION	
Emergency Contact <b>OTHER</b> than Parent	Phone
Family Doctor's Name	Phone

ACADEMIC HISTORY	
Current School	
Previous School (1)	
Previous School (2)	
Does student have any special needs which affect his/her education <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, explain _____	
Has student been involved in a modified and/or individual education program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, explain _____	

Has student ever been:	Suspended?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Asked to withdraw from school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Expelled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Explain _____			
_____			

<b>STUDENT INTERESTS</b>
List extra-curricular or church/service interests/involvements
_____
_____

**Only for Grades 6 to 8**

<b>STUDENT ASSIGNMENT</b>
Please write a paragraph on one of the following topics:
<ol style="list-style-type: none"> <li>1. My favourite activities or hobbies are...</li> <li>2. Canada is a great country to live in because...</li> <li>3. When I grow up, I want to be a...</li> </ol>

**Only for Grades 6 to 8**

<b>GRADE 6 – 8 STUDENT PLEDGE</b>
I desire to attend Solid Rock Academy or am willing to be under the authority of my parents in submitting and deferring to their wishes concerning enrollment at Solid Rock Academy I understand that Christian teachers are in partnership with my parents. I will strive to obey them also as they seek to train me according to God’s word. I will seek to live a godly life in and out of school in order that Jesus Christ will be glorified. I understand that willful disobedience of these principles and the guidelines of the Family-School Handbook may result in my dismissal from Solid Rock Academy.
_____
Student Signature
_____
Date

<b>PARENT SIGNATURE</b>
All the information in this application is accurate and complete. Any omission may result in loss privilege to attend Solid Rock Christian Academy.
_____
Parent Signature
_____
Date