



Santa Rosa Christian School

ACADEMIC EXCELLENCE SINCE 1962

SCHOOL YEAR _____

DATE ENTERED: _____

STUDENT INFORMATION (Youngest to Oldest)

Student 1 Last: _____ First: _____ MN: _____

Goes By: _____ Gender: M/F Date of Birth: _____ Ethnicity: _____

Grade Entering: _____ Email: _____

Last School Attended: _____ City/State: _____

Student 2 Last: _____ First: _____ MN: _____

Goes By: _____ Gender: M/F Date of Birth: _____ Ethnicity: _____

Grade Entering: _____ Email: _____

Last School Attended: _____ City/State: _____

Student 3 Last: _____ First: _____ MN: _____

Goes By: _____ Gender: M/F Date of Birth: _____ Ethnicity: _____

Grade Entering: _____ Email: _____

Last School Attended: _____ City/State: _____

**Additional children can be added on the back*

PARENT INFORMATION

Marital Status (circle one): Married Separated Divorced Single Widowed

If parents are separated or divorced, with whom does the child live? _____

*Note: Legal custodial paperwork must be on file in order to prevent non-custodial parent from seeing or picking up. If legal paperwork has not been provided, the school is not liable.

Parent 1 Last: _____ First: _____ MN: _____

Relation: _____ Address: _____

City, State, Zip: _____ Employer: _____

Home/Cell Phone: _____ Work: _____

Email: (Required) _____

Parent 2 Last: _____ First: _____ MN: _____

Relation: _____ Address: _____

City, State, Zip: _____ Employer: _____

Home/Cell Phone: _____ Work: _____

Email: (Required) _____

EMERGENCY CONTACT Please list anyone (other than parent or guardian) authorized to pick up your student(s)

Contact 1: _____ Relationship: _____ Phone: _____

Contact 2: _____ Relationship: _____ Phone: _____

Contact 3: _____ Relationship: _____ Phone: _____

Contact 4: _____ Relationship: _____ Phone: _____

OTHER

List physical impairments, serious allergies, or medications taken on a regular basis:

Student 1: _____

Student 2: _____

Student 3: _____

K2-K4: Please check the following option:

Half Day

Full Day

Do you need extended care?

(Additional Fees Apply)

AM Care
\$75 monthly

PM Care
\$120 monthly

Both
\$195 monthly

Has your child(ren) failed any grade? Yes No

If yes, give child's name and grade failed: _____

Has your child(ren) ever been suspended or expelled? Yes No

If yes, give child's name and reason: _____

Church Involvement if any: _____

***Florida Certification of Immunization, State Birth Certificate, and Student Health Exam Form
is required for all students***

STATEMENT OF COOPERATION:

I certify that the information given is correct. In making application for my child, it is my desire to have him/her complete the school year. I also understand that the school's policy is to make no refunds on registration or supply fees. Furthermore, I understand the dress code and conduct regulations for students of SRCS. I will stand behind the school in enforcing the Handbook and Standards of Conduct (6th-12th) and will cooperate in seeing that my child abides by these regulations at all times. I understand that my payments must be made on time, and that records may be withheld if the account is not financially clear. I pledge my full cooperation and support to Santa Rosa Christian School in the education and training of my child.

Parent's Signature _____ Date: _____

Santa Rosa Christian School admits students of any race, color, national, or ethnic origin. SRCS also maintains the right to set standards of conduct and can refuse admission to anyone who fails to meet entrance requirements or to whom, in the opinion of the administration, the school cannot minister effectively.

Mission Statement: *Santa Rosa Christian School is dedicated to the spiritual, moral, mental, and social development of youth through Bible based education.*

STATEMENT OF COOPERATION AND WAIVER OF LIABILITY

I recognize that attendance at Santa Rosa Christian School and Learning Center (referred to from this point as SRCS) is a privilege and not a right. Parents are expected to cooperate with and support SRCS and its teachers in the education and discipline of their child(ren) both in the classroom and during other related school activities. I believe that discipline is necessary for the welfare of each student, as well as for the entire school. I give permission for my child’s teacher and/or other agent of the school to make and enforce classroom regulations in a manner consistent with Christian principles. Students shall forfeit the privilege of attending SRCS if they do not conform to the standards and way of life at SRCS. SRCS reserves the right to withdraw a student at any time that the student, in the opinion of and at the sole discretion of the administration of SRCS, does not conform to the spirit of SRCS.

I further understand that SRCS policy prohibits refunds of all upfront school related fees.

In the event that a SRCS approved photographer or videographer takes a picture with my child in it, either individually or in a group, I give permission for my child’s picture to be used in future brochures, videotapes, DVDs, or other publications of SRCS or its affiliated ministries. I also consent to receive SMS and email messages from SRCS.

I further give permission for my child, whose name is set forth below, to take part in all activities, including without limitation, transportation to and from school, gymnasium recreational activities, bus trips, sports activities, field trips on the premises of SRCS and school sponsored trips away from the SRCS campus. I indemnify and save SRCS, its affiliates, employees, and agents harmless from and against any claims, demands, causes of action, liability, medical payments, costs and attorneys’ fees resulting from or arising out of the participation by my child in the above-mentioned activities. I understand that I am personally and fully responsible for any medical expenses or other liabilities over and above the medical insurance provided by the third-party insurance vendor used by SRCS.

I understand that should my marital status change, it is my responsibility to have a corrected Statement of Cooperation and Waiver of Liability signed, updated, and delivered to SRCS.

This Statement of Cooperation and Waiver of Liability shall remain in effect for as long as my child listed (or others to be enrolled) attends SRCS, whether it be in the Learning Center, elementary, middle school, high school, or summer school. Any reference herein to “child” shall include and refer to all of the children listed, or others to be enrolled in the future.

Children’s Names and Grades:

Signature of Legal Parents/Guardian

Mother	Date

Father	Date

Sole Guardian	Date

How did you hear about SRCS? _____

Student 4 Last: _____ First: _____ MN: _____
Goes By: _____ Gender: M/F Date of Birth: _____ Ethnicity: _____
Grade Entering: _____ Email: _____
Last School Attended: _____ City/State: _____

Student 5 Last: _____ First: _____ MN: _____
Goes By: _____ Gender: M/F Date of Birth: _____ Ethnicity: _____
Grade Entering: _____ Email: _____
Last School Attended: _____ City/State: _____

Student 6 Last: _____ First: _____ MN: _____
Goes By: _____ Gender: M/F Date of Birth: _____ Ethnicity: _____
Grade Entering: _____ Email: _____
Last School Attended: _____ City/State: _____

List physical impairments, serious allergies, or medications taken on a regular basis:

Student 4: _____
Student 5: _____
Student 6: _____

Other Comments or Information: