



2018 – 2019 Rock Church Academy Application

1607 Cromwell Bridge Rd

Baltimore, MD 21234

Office:410-882-0807 Fax: 410-882-7163

www.rockchurchacademy.com/ Email: office@rockchurchacademy.com

Please carefully read through and complete each page of this registration packet. Print clearly and sign where appropriate. This registration form must be returned with a \$35.00 non-refundable application fee. The application fee is per family. Make checks or money orders payable to Rock Church Academy.

Note: Email is our primary form of daily communication.

Student Information

Student's First Name: _____

Current Age as of Sept 1st: ____ Date of Birth: _____

Middle Name: _____ M F

Grade Student is applying for this Fall: _____

Last Name: _____

Primary Language Spoken at Home: _____

Place of Birth: _____

Secondary Language Spoken at Home: _____

Student Educational History

List Schools Previously Attended: _____

Does your child receive regular treatment/medication for behavioral, educational, physical, or medical conditions? No Yes

If yes, please describe: _____

Has your child ever been tested for a learning or behavioral disorder? No Yes

If yes, please describe: _____

Has your child ever experienced conduct and/or educational problems that resulted in suspension, expulsion, or retention? No Yes

If yes, please describe: _____

Mother's Contact Information

Mother/Guardian's Name: _____

Address: _____

D.O.B. _____

City: _____ State: _____ Zip: _____

Cell: _____ Work: _____

Employer: _____

Email: _____

Occupation: _____

Second Email: _____

Resides with Student Primarily? No Yes

State Identification: _____

Father's Contact Information

Father/Guardian's Name: _____

Address: _____

D.O.B. _____

City: _____ State: _____ Zip: _____

Cell: _____ Work: _____

Employer: _____

Email: _____

Occupation: _____

Second Email: _____

Resides with Student Primarily? No Yes

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Siblings / and Other Household Members (Please provide their name, age, and relationship)

Religious Background

Childs/Families Religion? _____

Name of Church Attending and Pastor's Name: _____

Does your child attend Sunday School or have any Christian Education background knowledge? Please describe.

Application Review Process and Procedures

The Following information gathered does not conclude decision making of acceptance into Rock Church Academy (RCA) on the basis of faith. We open our doors to families of neighboring churches, and local surrounding communities who desire a Private Christian education, and or the academic programs of excellence that we offer here at RCA.

I agree that the information provided is complete and accurate. I understand that this information is being used by the school for the purposes of applying for registration/ acceptance for my student. I understand that incomplete or inaccurate information may delay, prevent, or invalidate my student's registration or acceptance in school. I agree to promptly inform the school district of any changes in this information. Children admitted into Pre-Kindergarten year must be 4- years old and toilet trained by September 1st and children admitted into Kindergarten must be 5 years old and toilet trained by September 1st. RCA furthermore would like to thank your family for applying to Rock Church Academy. Please note that application/and interview are not guaranteed admittance of your child into RCA, we reserve the right to decline admittance as a private institution.

If your child is accepted into RCA you must complete all further required documentation, and be able to supply Birth Certificate, Social Security Card, Immunization Records (with all state required shots in regard to age), Most recent dental exam, Record of Physical and Lead screening. If your child is transferring from another school, you must provide, their most recent report card, and any standardized test records. There will be no exceptions to these documents. RCA takes seriously the health of your student and their well-being to academically perform without distraction from improper attention to health ailments and want to ensure the health and safety of all students.

Mother/Guardian Signature: _____ Print: _____ Date: _____

Father/Guardian Signature: _____ Print: _____ Date: _____

OFFICE USE ONLY: Registration Reviewed by: _____ & _____ Date: _____ A NA

Board Review: _____