



# 2019-2020 Rock Church Academy Application

1607 Cromwell Bridge Rd

Baltimore, MD 21234

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

[www.rockchurchacademy.com](http://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: \_\_\_\_\_

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

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### 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.

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### 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 1<sup>st</sup> and children admitted into Kindergarten must be 5 years old and toilet trained by September 1<sup>st</sup>. 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: \_\_\_\_\_

<p><b>OFFICE USE ONLY:</b> Registration Reviewed by: _____ &amp; _____ Date: _____ <input type="checkbox"/>A <input type="checkbox"/>NA</p> <p>Board Review: _____</p> <p>Comments: _____</p>
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### Pre-K/ Kindergarten Addendum

Rock Church Academy is excited to welcome your Pre-K /Kindergartener this upcoming school year. Children admitted into Pre-K must be 4 years old, and toilet trained by September 1<sup>st</sup>, and Kindergarteners must be 5 years old, and toilet trained by September 1<sup>st</sup>. Previous schooling is not required for admission of 4 and 5-year-old students, and the following information is collected to ensure that we are meeting the academic needs and preparations for your child based upon the information.

In the last 12 months, where did the student spend most of his/her time?

- Head Start                       Family Childcare Home (paid Licensed care)                       Pre-K (public)  
 Non-Public Preschool School     Child Care Center (Licensed by State)                       Home care (In a home by a relative/ nonrelative)

Length of time within this environment: \_\_\_\_\_

Please check all items below that apply to the student

- |  |  |
|--|--|
| <input type="checkbox"/> Child has been fully toilet trained for the last 10 mo. | <input type="checkbox"/> Child has/had delayed speech/ language          |
| <input type="checkbox"/> Child had exposure to lead                              | <input type="checkbox"/> Child has/had serious injury or trauma exposure |
| <input type="checkbox"/> Child has hearing problems                              | <input type="checkbox"/> Child has vision or suspected vision problems   |
| <input type="checkbox"/> Child is receiving speech/language therapy              | <input type="checkbox"/> Child is receiving occupational therapy         |
| <input type="checkbox"/> Child has sibling with learning difficulties            | <input type="checkbox"/> Parent/Guardian has chronic illness/disability  |
| <input type="checkbox"/> Child experienced death of a parent(s)                  | <input type="checkbox"/> Child has experienced separation from parent(s) |

What educational goals do you have for your child? \_\_\_\_\_

How would you describe your child's personality and learning style? \_\_\_\_\_

What do you see as your child's greatest strengths? \_\_\_\_\_

In what areas would you like to see your child's potential more fully developed? \_\_\_\_\_

Does your child interact/ share well with others? \_\_\_\_\_

Does your child take instruction well? \_\_\_\_\_

Specify any physical, emotional, medical needs your child has: \_\_\_\_\_

<b>OFFICE USE ONLY: Registration Reviewed by:</b> _____ <b>&amp;</b> _____ <b>Date:</b> _____ <input type="checkbox"/> A <input type="checkbox"/> NA Board Review: _____ Comments: _____
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