Date _____ Grade Applying For _____ Referred by _____

2012/2013 SRCA ADMISSIONS FORM Certified by FLOCS 4560

STUDENT INFORMATION

Student's Legal Name _				Preferred Name		
	Last	First	Middle In	nitial		
Address	Street		0:4	7:_		
	Street		City	Zip		
Home Phone ()		Da	ate of Birth	Sex 🗅 Male 🗅 Fema	le	
Social Security Number				Please attach copy of Social Security Car	rd.	
Is the student a United S	States Citizen? 🗅 Y	′es 🗅 No	Email Address	S:		
Please list a preferred 4 - digit door code number			and a S	Security Code Word		
FAMILY INFORMATION						
Father/Guardian full na	me			Home Phone ()		
Employer				Date of Birth		
Social Security #	Wo	rk Phone ()	Beeper/Cell Phone ()		
Home address (if other t	han student's)					
Mother/Guardian full na	ame			Home Phone ()		
				Date of Birth		
Social Security #	Wo	rk Phone ()	Beeper/Cell Phone ()		
Home address (if other than student's)						
Family/Marital relationships (check all that apply): Natural parents are:						
□ Together at home □ Separated □ Legally divorced □ Natural mother deceased □ Natural father deceased						
If parents are divorced or separated, who has legal custody of the child?						
Is either parent forbidden by court order from having equal access to the child or the school records? (Attach a copy of court documents)						
Has any member of your family attended SRCA in the past?						

EMERGENCY CONTACT/RELEASE INFORMATION

If Parent/Guardian cannot be reached, the following individuals may be contacted in case of illness, injury or emergency. It is the parent/guardian's responsibility to keep this list current.

Name:		Home Phone ()
	Relationship to child:	Work Phone ()
Name:		Home Phone ()
	Relationship to child:	Work Phone ()
Name:		Home Phone ()
	Relationship to child:	Work Phone ()

I give permission to my child to participate in all indoor as well as outdoor activities at school.

If the school is unable to contact a parent/guardian in case of emergency, a staff member of Southwest Ranches Christian Academy administrative staff will call 911 to transport my child to a hospital.

In the event I am unable to pick up my child the following are authorized to pick him/her up. I will notify the school whenever one of the below will be picking up my child. It is also understood that identification and authorization will be checked prior to release of the child.

Name:		Home Phone ()
	Relationship to child:	Work Phone ()
Name:		Home Phone ()
	Relationship to child:	Work Phone ()
Name:		Home Phone ()
	Relationship to child:	Work Phone ()

I hereby certify that I have read and agree to comply with all of the above as well as all school regulations as specified in the information admissions package.

Mother/Guardian's Signature

Date

Father/Guardian's Signature

Date