		DATE
OFFICE USE ONLY Date rec'd	The Rockbridge	ADMINISTRATOR'S USE ONLY Date of acceptance Grade
Amt rec'd           Rec'd by           Interview date	Christian Academy	Pmt. Plan10 mos12 mos. Tuition paid by:

## TO PARENTS AND GUARDIANS:

The following information is needed for the school records, and is being asked for in this way in order to insure accuracy. By drawing a line through the space or writing "none" in spaces not relating to you, we know you have not omitted anything.

Student's full name	Age Applying for Grade
Last First	Middle
Boy Girl Date of Birth	Birthplace
Present Address Street/ 911 Address City	State Zin
	State Zip
Mailing Address if different from physical address	
Status of Parents:	ed
Name of Father or Guardian	Home Phone
Employment	Business Phone or Cell
Name of Mother or Guardian	Home Phone
Employment	Business Phone or Cell
Grandparents	Contact Number
Grandparents	Contact Number
School Last Attended	
Name	Address
Other children under 18 years of age living with the family Name Birthdate School Attending	Name Birthdate School Attending
Church Family Attends	Regularly?  Yes  No
Address	Pastor
Does the student understand the plan of salvation?	Is the student born again?
Are the Parents/ Guardian born again? Father	Mother
"I/We have carefully read The Rockbridge Christian & & Student Handbook), and I/we fully support the Stat	
Signature Signa	ture
Pleases give the name and Social Security number of or	e parent or guardian.

Please give a brief explanation of why you wish to enroll your child in The Rockbridge Christian Academy. You may use the back of this form if you wish or a separate piece of paper.

#