

ROCKS HOMESCHOOL ACADEMY

Student Enrollment Form

Name _____ Date _____

Address _____ DOB _____

City, State, Zip _____ Home Phone _____

Email Address _____ Cell Phone _____

Parent's names _____

School previously attended _____ Grade _____

Church currently attending _____

Classes Requested

Semester 1

Name of Class	Day & Time	Class fee
_____	_____	_____
_____	_____	_____
_____	_____	_____

Semester 2

Name of Class	Day & Time	Class fee
_____	_____	_____
_____	_____	_____
_____	_____	_____

FOR OFFICE USE ONLY

Referred by _____

Signature _____ Statement of Faith _____ Stu. Info. _____ Release of Liability _____ Calendar _____

Class Descriptions _____ Class Schedule _____ Policies _____ Medical Release _____ Fees paid _____

