



Solid Foundation Preparatory Academy, Inc.

4025 N. Hartford Ave., Tulsa, OK 74106

P.O. Box 481085, Tulsa, OK 74148

918/794-7800 (office) 918/794-7801 (fax)

www.sfpaeagles.com

Enrollment Application

Student's Information:

Last name: _____ First Name: _____ MI: _____

Address: _____

City _____ Zip _____

Home Phone: _____ Grade: _____

Male / Female _____ DOB: _____ Age: _____

Last School Attended: _____

Parent / Guardian Information:

Mother / Guardian Name: _____

Employer: _____

Cell Number: _____ Work Number: _____

Email: _____

Father / Guardian Name: _____

Employer: _____

Cell Number: _____ Work Number: _____

Email: _____

Student resides with both parents: _____ yes _____ no

If no, who is the custodial parent: _____

Would you like your information listed in the school directory? ____yes ____no

Extra-Curricular Activities:

Emergency Information: (Name three individuals who would assume responsibility for your child if you cannot be reached.)

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Medical Information:

Doctors Full Name: _____ Office Number: _____

Dentist: _____ Office Number: _____

Hospital Preference: _____

Medical History:

Please list any special needs or problems that your child has including allergies, existing or previous illnesses or injuries. Also include any hospitalization during the past 12 months and any medication prescribed for a long term and continuous use.

Emergency Medical Care:

I hereby give permission for Solid Foundation Preparatory Academy to call or obtain service of a doctor, hospital or recognized emergency provider for emergency care of my child. I understand that every effort will be made to contact all listed responsible parties and/or emergency contacts before any action is taken.

Parent/Guardian Signature

Date