



Rocky Creek Charter Academy

ADMISSIONS APPLICATION

2026-2027

For Office Use Only

Date:

Time:

Rec'd by:

If you are applying for multiple students, you must submit an application for EACH child. Please make sure you give an ACCURATE email address that you check regularly. Much of our communication is conducted via email.

Applicant's Status: (Please check one)

New Student

New Student with a Sibling currently enrolled at RCCA

If this line is checked, please include name of sibling currently enrolled at RCCA.

Siblings Name

Student's Name:

Last

First

Middle

Date of Birth: (MM/DD/YY) _____

2026/2027 Grade Level: _____

Name of Previous School : _____

Student's Address:

Street

Apt/Unit #

City

County

State

Zip

Legal Guardians:

First Name

Last Name

First Name

Last Name

Contact Information:

Primary: _____

Phone#

Email

Secondary: _____

Phone #

Email

Parent/Guardian Signature

Date