



Application for Admission

10 Windy City Road, Jackson, TN 38305 Phone 731/668-8500 FAX 731/668-3232

Date of Application _____ **Applying for Grade** _____ **School Year** _____

Applicant's Full Name _____ **Preferred Name** _____
First Middle Last

Male _____ **Female** _____ **Age** _____ **Date of Birth** _____ **Social Security Number** _____
(Required)

Parents are: _____ **Married** _____ **Divorced** _____ **Separated** _____ **Widowed** _____ **Other (Explain)** _____

Applicant resides with (check all that apply) _____ **Mother** _____ **Father** _____ **Guardian** _____ **Stepmother** _____ **Stepfather** _____

Other _____ **Who has legal custody?** _____

PARENT INFORMATION

Father - (Mr. Dr. Rev.) _____ **Preferred Name** _____
First Middle Last

Address _____
Street City State Zip

Home Phone (_____) _____ **Cell Phone** (_____) _____ **E-Mail Address** _____

Employer _____ **Job Title** _____ **Work phone** (_____) _____

Mother - (Mrs. Dr. Rev.) _____ **Preferred Name** _____
First Middle Last

Address _____
Street City State Zip

Home Phone (_____) _____ **Cell Phone** (_____) _____ **E-Mail Address** _____

Employer _____ **Job Title** _____ **Work phone** (_____) _____

Has applicant ever applied for admission or attended Trinity Christian Academy? **Yes** _____ **No** _____

If yes please explain. _____

How did you learn about Trinity Christian Academy? **Internet** _____ **Newspaper or Magazine** _____

Friend (Name please) _____

TCA Student or Alumnus (Name please) _____

CONFIDENTIAL INFORMATION

List information on all previous schools applicant has attended.

School	Dates attended	Grade(s) completed
_____	_____	_____
_____	_____	_____
_____	_____	_____

What special award(s) and/or recognition has applicant received?

Has applicant had any discipline problems in school? Yes _____ No _____ If yes, please explain: _____

Has applicant ever been suspended, expelled, or asked to withdraw from a school? Yes _____ No _____
If yes, please explain and give name of school: _____

Has applicant ever repeated a grade? Yes _____ No _____ If yes, which grade? ____ Please explain. _____

Has applicant ever attended a school or participated in a program for students who have special academic needs (including gifted, special education, tutoring)? Yes _____ No _____ If yes, please explain: _____

Has applicant ever been diagnosed with a learning disability? Yes _____ No _____

Does applicant take medication for any medical need and/or learning disability? Yes _____ No _____

Please describe the medication and its effects on your child (better focus, headaches, moodiness, etc.).

What would you like us to know about your child?

Please state below the reason you would like your child to be enrolled at Trinity Christian Academy.

FAMILY INFORMATION

SIBLING(S) Please list all siblings under the age of 18 and provide any applicable information.

Name _____ DOB _____ Grade _____ School _____

Name _____ DOB _____ Grade _____ School _____

Name _____ DOB _____ Grade _____ School _____

Name _____ DOB _____ Grade _____ School _____

GRANDPARENTS:

Father's parents _____ Home phone (_____) _____

Address _____

Street *City* *State* *Zip*

Mother's parents _____ Home phone (_____) _____

Address _____

Street *City* *State* *Zip*

CHURCH INFORMATION

Church Now Attending: _____ **Member: Yes** ___ **No** ___

Address _____

Level of Parent's Involvement (Check where applicable)

ATTENDANCE

MORNING:	<input type="checkbox"/> Regularly	<input type="checkbox"/> Seldom	<input type="checkbox"/> Never
EVENING:	<input type="checkbox"/> Regularly	<input type="checkbox"/> Seldom	<input type="checkbox"/> Never
MID WEEK:	<input type="checkbox"/> Regularly	<input type="checkbox"/> Seldom	<input type="checkbox"/> Never
SUNDAY SCHOOL:	<input type="checkbox"/> Regularly	<input type="checkbox"/> Seldom	<input type="checkbox"/> Never

Please check if you serve in any of the following areas of ministry in your church:

- | | | |
|---|--|----------------------------------|
| <input type="checkbox"/> Sunday School Teacher/Worker | <input type="checkbox"/> Leadership Role | <input type="checkbox"/> Nursery |
| <input type="checkbox"/> Youth Activities | <input type="checkbox"/> Children's Activities | <input type="checkbox"/> Music |

Other _____

Please tell us about your relationship with Jesus Christ.

Father _____

Mother _____

I agree with the following:

- ***To abide by the rules and regulations of TCA as outlined in the Student/Parent Handbook.***
- ***To have TCA administer academic entrance testing for my child.***
- ***To attend New Parent Orientation for all new families and the two required Christian Parent Seminars.***
- ***To meet with one or more members of the TCA Board in order for at least one parent to give his/her Christian testimony and to express agreement with the school's Statement of Faith.***
- ***I understand that the \$200 registration fee is non-refundable.***

The facts given in the enrollment process are true and complete to the best of my knowledge.

Signature of Father

Signature of Mother

Trinity Christian Academy admits students of any race, color, national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admission policies, scholarship and loan programs, athletic and other school-administered programs.