



TEMPLE CHRISTIAN ACADEMY

ESTABLISHED 2022

STUDENT APPLICATION

OFFICE USE ONLY	
Date Received:	<input type="checkbox"/> Temple Church Member
Application Fee Paid: Cash <input type="checkbox"/> Check #	<input type="checkbox"/> Non-Temple Church Member

Please note that this application alone will not secure a place for your child in the waiting pool. This application must be accompanied by the non-refundable application fee.

PLEASE PRINT NEATLY. Application must be completed in full and submitted before your child will be considered for admission. The application must be accompanied by the non-refundable application fee of \$150.00.

GENERAL STUDENT INFORMATION

Currently in Grade: _____ Applying for Grade: _____ For August, 2022

Applicant's Full Name: _____
Last First Middle Goes By

Address: _____
Street City State Zip

Date of Birth: _____ Home Phone: _____

Gender of Applicant: _____ Social Security Number: _____

Siblings attending TCA:

STUDENT ACADEMIC HISTORY

List other schools your child has attended, beginning with the most recent:

School: _____ Grade(s) _____ Year(s)

Address: _____ , _____
Street City State Zip

School: _____ Grade(s) _____ Year(s)

Address: _____ , _____
Street City State Zip

Has your child ever had to repeat a grade(s)? _____ If yes, which grade(s)

Please state reason for the retention.

Has your child ever skipped a grade(s)? _____ If yes, please indicate the grade(s) skipped and the reason.

Has your child been tested for learning disabilities? _____ If yes, give the date, and general results of the test.

Has your child ever been suspended or expelled from school for any reason? _____ If yes, please give the year of the suspension or expulsion and the reason(s).

IN CASE OF EMERGENCY

Person to contact in case of emergency if the person legally responsible cannot be reached:

Name: _____ Relation to applicant: _____

Home Phone: _____ Business Phone: _____

Name: _____ Relation to applicant: _____

Home Phone: _____ Business Phone: _____

Name of Applicant's Physician: _____

Address of Practice: _____

Office Phone: _____

GENERAL MEDICAL INFORMATION

Please indicate any medical conditions of which the faculty and staff should be aware (e.g., asthma, ADD, etc.):

Please indicate any medication your child takes on a regular basis:

Please list any allergies of which the faculty and staff should be aware:

Does your child have any known handicaps, mental or physical, that would limit his/her participation in our educational program?

PARENT/GUARDIAN INFORMATION

Marital Status: Married Separated Divorced Widowed Single

Father's/Guardian's Full Name: : _____
Last First Middle Goes By

Home Address: : _____
Street City State Zip

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Occupation: _____ Firm: _____

Business Address: : _____
Street City State Zip

Mother's/Guardian's Full Name: : _____
Last First Middle Goes By

Home Address: : _____
Street. City State Zip

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Occupation: _____ Firm: _____

Business Address: _____
Street City State Zip

FATHER'S CHURCH HISTORY

Are you a Christian?

Name of church you now attend:

Pastor's Name:

Are you a member of this church? _____ If not, how long have you been attending this church?

Do you regularly attend worship services?

What church ministries are you currently serving in?

Please list any religious/civic organizations to which you belong:

MOTHER'S CHURCH HISTORY

Are you a Christian?

Name of church you now attend:

Pastor's Name:

Are you a member of this church? _____ If not, how long have you been attending this church?

Do you regularly attend worship services?

What church ministries are you currently serving in?

Please list any religious/civic organizations to which you belong:

ACADEMY QUESTIONS

How did you learn about Temple Christian Academy?

State your reason(s) for wanting your child to attend Temple Christian Academy:

In order of importance, list what you consider to be the three most vital aspects of your child's education. Be specific:

1.

2.

3.

In consideration of Temple Christian Academy accepting my/our child as a student, I/we will accept full financial responsibility for my/our child's tuition, fees, and cost assessed for damage to books or school property. It is understood that failure to pay all tuition and fees may result in dismissal and the withholding of grades and transcripts until all financial obligations have been met.

Father's/Guardian's Signature: _____ Date _____

Mother's/Guardian's Signature: _____ Date _____

TCA is operated as an educational institution for the benefit of the families of our community. Students are admitted without regard to race, color, or national or ethnic origins.