



TRINITY CHRISTIAN ACADEMY

Application for Enrollment

Date _____

Grade Entering _____

Trinity Christian Academy admits students of any race, color, national and 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, admissions policies, scholarship programs, and athletic and other school-administered programs. All information in this application is confidential.

Student's Legal Name

Last First Middle

Date of Birth _____ Place of Birth _____ Gender _____

City State Zip

Home Phone _____ Student CellPhone _____

Last school attended

Address of School

Last grade

completed _____ Student's Current GPA _____ Does student have a current IEP?
____ Yes ____ No

Does student have a current IAP/504 designation? ____ Yes ____ No

Does student require any special accommodations? ____ Yes ____ No

Does student have any medical or mental conditions of which we should be aware?

Has student ever been required to have psychological testing? ____ Yes ____ No **If yes, submit diagnostic evaluation.** With whom does the student reside? _____ ***If you have any special arrangement**

concerning custody, finance, reporting of grades or any other pertinent information that the school needs, please list this on a separate sheet and attach it to this application

FATHER/GUARDIAN MOTHER/GUARDIAN

Complete Legal Name Complete Legal Name

Cell Phone _____ Cell Phone _____

Employer _____ Employer _____

Work Phone _____ Work Phone _____

Email Address _____ Email Address _____

Address _____ Address _____

Should a parent/guardian need to be contacted during the school day for any disciplinary or non emergency situations the following parent/guardian should be contacted first, **include phone number** :

Has the applicant ever skipped or repeated a grade? ___Yes ___No If yes, indicate the grade and explain the circumstances:

Describe any special circumstances which have affected the applicant’s performance in school. **(For example, illness, learning difficulties or frequent changes in homes or schools.)**

Has the applicant ever been **suspended, expelled or withdrawn** from another school for academic or disciplinary reasons?

___Yes ___No If yes, explain the circumstances:

Has the applicant ever been charged with a misdemeanor/felony offense with the juvenile authorities?

___Yes ___No If yes, explain: _____

Does the applicant have now, or in the past, any significant medical or psychiatric problems? Include any special physical and/or medical considerations or limitations. ___Yes ___No If yes, you **must** submit documentation. Please explain the circumstances:

Has the applicant ever been involved with Child Protective Services (CPS)? ___Yes ___No If yes, please explain the circumstances: _____

CONFIRMATION OF COMPLETE DISCLOSURE

I attest that all of the above information is true and accurate. I confirm that all information regarding academic issues, medical/physical issues, psychological issues, emotional issues and discipline issues have been disclosed to Trinity Christian Academy on completion of this application. Trinity Christian Academy will review all of the information as well as any academic, medical or disciplinary records public and/or private and I understand that falsifying or giving misleading information will result in an immediate denial of admissions to Trinity Christian Academy.

Signature Date _____ **Parent/Guardian**

Signature Date _____ **Parent/Guardian**

Please return the application and all the required paperwork listed below to Trinity Christian Academy. An application is not complete until all documents are received. **NO** decision on admissions can be made until all of the documentation is reviewed by Trinity Christian Academy Administration.

The following is REQUIRED with this application:

- Completed Application for Admission signed by a parent/legal guardian
- Copy of Birth Certificate
- Copy of current Health/Immunization Record
- Previous school records
- Standardized Test scores
- Discipline and Attendance Reports

TRINITY CHRISTIAN ACADEMY STUDENT MEDICAL AUTHORIZATION

(A FORM MUST BE COMPLETED FOR EACH STUDENT)

Student's Name: _____ Birth Date: ____/____/____

Address: _____

Home Phone: _____ Emergency Phone: _____

Grade: _____ Homeroom Teacher: _____

Student's Primary Physician: _____

Office Address: _____

Phone: _____ Emergency Phone: _____

CURRENT MEDICATION STUDENT RECEIVES

Medication name: _____

Purpose: _____

Dosage: _____ Frequency: _____

Time medication is to be administered or under what circumstances:

Diagnosis requiring medication: _____

Is it necessary for this medication to be administered during the school day? ____ Yes ____ No

Expected side effects, if any: _____

Other medications student is receiving:

FOR ALL PARENTS / GUARDIAN

By signing below, I agree that I am primarily responsible for administering medication to my child. However, in the event that I am unable to do so or in the event of a medical emergency, I hereby authorize TRINITY CHRISTIAN ACADEMY and its employees and agents, in my behalf, to administer or to attempt to administer to my child (or to allow my child to self-administer pursuant to State law, while under the supervision of the employees and agents of TRINITY CHRISTIAN ACADEMY), lawfully prescribed medication in the manner described above. I acknowledge that it may be necessary for the administration of medications to my child to be performed by an individual other than a school nurse and specifically consent to such practices, and I agree to indemnify and hold harmless the School and its employees and agents against any claims, except a claim based on willful and wanton conduct, arising out of the administration of the child's self-administration of medication.

PARENT/GUARDIAN SIGNATURE

DATE

PARENT - GUARDIAN AUTHORIZATION

I hereby acknowledge that I am primarily responsible for administering medication to my child. However, in the event that I am unable to do so or in the event of a medical emergency, I hereby authorize TRINITY CHRISTIAN ACADEMY and its employees and agents, on my behalf and stead, to administer or to attempt to administer to my child or to allow my child to self-administer while under the supervision of an employee or agent of the School District, lawfully prescribed medication in the manner described above. I acknowledge that it may be necessary for the administration of medication to my child to be performed by an individual other than a school nurse and I specifically consent to such practices. I further acknowledge and agree that when lawfully prescribed medication is so administered or attempted to be administered, I waive any claims that I might have against TRINITY CHRISTIAN ACADEMY, its employees and agents arising out of the administration of said medication. In addition, I agree to hold harmless and indemnify TRINITY CHRISTIAN ACADEMY, its employees and agents, either jointly or severally, from and against any and all claims, damages, causes of action or injuries incurred or resulting from the administration or attempts at the administration of said medication.

PARENT/GUARDIAN INITIAL BY EACH MEDICATION THAT YOU CHILD MAY RECEIVE

Acetaminophen (Tylenol) Ibuprofen (Advil) Aspirin

Naproxen (Aleve) Antihistamines (Benadryl) Pepto-Bismol

Dramamine Throat Lozenges (Halls) Tums

YES, I AUTHORIZE TRINITY CHRISTIAN ACADEMY TO DISPENSE THE ABOVE SELECTED MEDICATION TO MY CHILD

NO, I DO NOT AUTHORIZE TRINITY CHRISTIAN ACADEMY TO DISPENSE ANY OVER THE COUNTER MEDICATION TO MY CHILD.

PARENT/GUARDIAN SIGNATURE

DATE

STUDENT PICK UP AUTHORIZATION FORM

NOTE: You may be asked at any time to show proof of identification in order to pick up a student from Trinity Christian

Academy or from any event held on our campus. Students **WILL NOT** be released to anyone other than those listed within this document without WRITTEN permission from the parents/guardians listed below.

STUDENT'S NAME: _____

GRADE: _____

PARENT/GUARDIAN NAME(S)

_____ Phone: _____

_____ Phone: _____

_____ Phone: _____

Parent/Guardian(s) listed above are authorized, by inclusion on this list, to pick up the student. Additional adults who are authorized by the parents/guardians to pick up the student:

| NAME | RELATIONSHIP TO STUDENT | PHONE |
|-------|-------------------------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

PARENT/GUARDIAN NAME: _____ DATE _____

PARENT/GUARDIAN SIGNATURE: _____

TRINITY CHRISTIAN ACADEMY OFF-CAMPUS PERMISSION FORM

To clarify and grant parental permission regarding students leaving campus, please complete the information below. In order for the student to leave campus, this form must be on file in the office before a student may leave campus. Students leaving campus must sign out and verbally notify the administration that they are leaving campus.

My student, _____, has my permission to leave campus as indicated below.

My student has permission to drive _____ Yes _____ No

***Any student that drives must have a valid driver's license and a copy given to the office for student's file**

My student has permission to **drive** the following passenger(s) with him/her:

My student has permission to **ride as a passenger** with the following student's driving:

My student has my permission to **walk to/from** campus _____ Yes _____ No

PARENT/GUARDIAN NAME: _____

DATE: _____

TRINITY CHRISTIAN ACADEMY PARTNERS IN EDUCATION

Amos 3:3 ~ “Can two walk together except they agree?”

I. Trinity Christian Academy is a partnership between parents, faculty, and staff.

A. God has ordained only two institutions for the training of children.

- He ordained the home (Ephesians 6:1-4).
- He ordained the church (Matthew 19:14; 28:20; John 21:15).

B. The Christian school is a supplement, not a replacement for the training of children by parents.

- Discipline and character molding are the responsibility of parents.
- TCA reinforces parental authority and supplements the instruction process with specialized training..
- TCA will not undermine a child’s respect for parents with negative comments and criticisms.
- TCA will cooperate with law enforcement agencies and honor state laws pertaining to child abuse.

C. Trinity Christian Academy is not an outreach to troubled youth.

- Parents must be committed to the Biblical concepts of discipline and moral integrity.
- Students who violate the on or off-campus Pledge of Cooperation will be subject to expulsion.
- TCA will not admit students who have exhibited behavioral problems at other schools.

D. Trinity Christian Academy was founded to provide a quality education for the children in the Tri-Lake area.

E. Trinity Christian Academy expects students to fulfill their commitments to extracurricular activities (both athletic and non-athletic).

- We encourage student participation in extracurricular activities because they instill discipline and strengthen the character-building process.
- Students and parents will sign a Student Activity Participation Contract for each activity at the beginning of its respective season pledging their commitment to that activity for the duration of the season.

II. Trinity Christian Academy is governed by an Executive Board, an Advisory Board, and principal.

A. School administration will not seek permission from parents in the development and implementation of school policies.

B. Parents will not be asked to assume any financial burden relating to the school other than tuition and appropriate

activity fees.

- Parents will be expected to assist their students in special activities.
- Parents will not be required to participate in fundraising activities.

C. Parents are encouraged to make constructive suggestions and offer creative ideas to improve the school

- TCA asks that parents refrain from making critical remarks to other parents.
- TCA asks that parents bring their criticisms to the appropriate authorities in order to fix problems.
- TCA will operate with moral and fiscal integrity.
- Trinity Christian Academy expects parents to handle conflict with civility.

D. TCA pledges to conduct its dealings with parents and students in a civil and Christ-like manner

- Teachers who do not observe this policy will be reprimanded.
- The Principal, and, faculty, and staff will handle disciplinary matters and conflicts in a firm but civil manner.

E. Parents are expected to hear both sides of an issue before making judgments.

- Meetings with the Principal, faculty, and staff will be conducted in a civil manner.
- Belligerent outbursts will not be tolerated.

F. Parents and/or students who are consistently disagreeable will be asked to leave.

G. Parents and family members are expected to behave in a Christ-like manner at all school functions, including assemblies, field trips, and sporting events.

H. Parents are asked not to participate in gossip.

- Tale bearing results in strife and erodes relationships.
- Parents who engage in gossip will be asked to remove their children from school after one warning.
- Schedule an after-school meeting with the teacher. This should be immediately after the school day. If the conflict is not resolved, the parent may then contact the principal.
- If the principal cannot resolve the issue to the parent's satisfaction, the principal will notify the advisory board. The board will reach a decision on the issue and render its decision through the principal to the parent.
- If the issue is still unresolved a formal meeting including parent, principal, and board can be requested. The request will be reviewed. The board will reach a decision on the issue and render its decision through the principal to the parent. The request may be approved or denied.
- If the request is approved time and date will be chosen by the board as to when the meeting will take place.
- The end result should be resolved if at all possible and privacy and professionalism should be kept by all parties. TCA expects parents to withdraw in an agreeable manner in the event of an unresolved dispute.

III. Parents are expected to stay current with tuition payments.

A. The goal of TCA is for salaries to be funded by tuition.

B. Tuition is kept at a reasonable level to make TCA available to the greatest number of families.

C. Tuition is payment for services rendered; it is not an offering.

D. Tuition at TCA does not cover the cost of buildings and their maintenance.

E. Parents who are consistently late with tuition payments will be asked to remove their children from school

- The school business office expects honest communication regarding payments.
 - Parents who have been consistently late in their payments will be notified by mail if they cannot be reached by phone. A credit card will be required on file for future payments.
 - TCA asks that parents consider the financial aspects of this agreement before enrolling their children.
- Trinity Christian Academy expects parents to be supportive of the school authority.

F. When it becomes obvious that a parent(s) is not supportive of school policy, that parent will be asked to remove his or her child from school.

G. Parents are expected to support the following:

- The Dress Code
- The Pledge of Cooperation
- TCA handbook
- Disciplinary measures
- Homework and classroom assignments
- The Statement of Faith

H. Trinity Christian Academy expects students to embrace the major points of our Statement of Faith.

- Teachers and administrators will not exhibit a bias toward a student who does not subscribe to all our views.
- Students and parents who disagree with the minor issues are expected not to vocalize their disagreements.

Parent signature: _____ Date: _____

Student signature: _____ Date: _____

Principal signature: _____ Date: _____



THE PLEDGE OF COOPERATION (Honor Code)

In signing the Pledge of Cooperation, I fully recognize that Trinity Christian Academy was founded to be and is committed to being a Christian religious ministry and that it offers a lifestyle of commitment to Jesus Christ of Nazareth as personal Savior and Lord and as an integral part of its evangelistic outreach. It is, therefore, my personal commitment to be a person of integrity in my attitude and respect for what Trinity Christian Academy is in its calling to be a Christian Academy.

1. I PLEDGE to apply myself wholeheartedly to my intellectual pursuits and to use the full powers of my mind for the glory of God.
2. I PLEDGE to grow in my spirit, developing my own relationship with God.
3. I PLEDGE to develop my body with sound health habits through the required physical education classes and participating in wholesome physical activities.
4. I PLEDGE to understand that administration reserves the right to conduct random drug screenings at any time during the course of the year. I understand that parents will be notified of the results in a timely manner. I understand that consequences will be implemented according to the student handbook.
5. I PLEDGE to cultivate good relationships socially with others and to seek to love others as I love myself. I will not lie, I will not steal, I will not curse, I will not be a talebearer. I will not cheat or plagiarize; I will do my own academic work and will not inappropriately collaborate with other students on assignments.
6. I PLEDGE at all times to keep my total being under subjection from all immoral and illegal actions and communications, whether on or off-campus. I will not take any illegal drugs or misuse any drugs. I will not engage in or attempt to engage in any illicit acts. I will not drink alcoholic beverages of any kind; I will not use tobacco; I will not engage in other behavior that is contrary to the rules and regulations listed in the Trinity Christian Academy policies and procedures.
7. I PLEDGE to maintain the integrity of openness to God's claims on my life and to do my utmost to know and follow His will for my life.
8. I PLEDGE to attend class and all required chapel services on campus.
9. I PLEDGE to abide by the rules and regulations that from time to time may be adopted by the School Administration. I understand that Trinity Christian Academy is a private school and I have no vested rights in the governing of the school. I accept my attendance at TCA as a PRIVILEGE and NOT a right and that the school reserves the right to require the withdrawal of a student at any time if in the judgment of the Principal, or Board of the Trinity Christian Academy.

A committee such action is deemed necessary to safeguard TCA's ideals of scholarship or the spiritual and moral atmosphere of it as a Christian school.

I will keep the HONOR CODE carefully and prayerfully. I understand that my signature below is my acceptance of the entire PLEDGE OF COOPERATION and completes a contract between me and Trinity Christian Academy which is a prerequisite for matriculation and becomes a part of my permanent file.

Parent signature: _____ Date: _____

Student signature: _____ Date: _____

—
Principal signature: _____ Date: _____



Registration and Curriculum Fees (Due at sign-up and are non-refundable)

PreK 1 & 2 Years \$125 PreK 3 & 4 \$175 K5-12th \$425

Student Tuition

| <u>Grade</u> | <u>9 Monthly Payments</u> | <u>Annual</u> |
|--------------|---------------------------|---------------|
| PreK 1 & 2 | \$600 | \$5400 |
| PreK 4 & 5 | \$450 | \$4050 |
| K - 12 | \$400 | \$3600 |

10 % off if tuition is paid in full by August 1st

5 % off if tuition is paid in full for each semester

Referral Incentive: (Refer a new student to TCA) Ask our office staff for details.

Total Due: \$ _____

Circle Paid: Cash Credit Check

Tuition may be paid monthly upon completing a financial contract and having a credit/debit card on file for recurring payments. Tuition is due on the 1st of each month. Any tuition not received by the 10th of the month using cash/checks will automatically have the card on file charged for the amount.