

Tri-City Christian Academy – Student Application Form: Pre/K – Grade 8
For School Year 2012-2013

STUDENT INFORMATION: (One application form per student)

Name: _____ Sex: _____ Entering Grade: _____
First Middle Last

Birthdate: _____ Birthplace: _____ Christian Baptism: Yes ___ No ___

Race: (Requested for State of NH Reports): American Indian ___ Alaskan Native ___ Asian ___ Black Non-Hispanic ___
Hispanic ___ White Non-Hispanic ___

Name/Address of School Last Attended: _____
Phone/fax # _____

Names and Grades of Siblings attending or applying to TCCA: _____

GENERAL INFORMATION:

How did you first learn about Tri-City Christian Academy? (*First year families only, please*)

From a neighbor or friend ___ Yellow Pages ___ Website ___ Driving by our school ___ Direct mailing ___
Newspaper advertising ___ Referral from our satellite schools ___ Other (please specify) _____

FAMILY INFORMATION: Parents Marital Status: Married ___ Divorced ___ Separated ___ Widowed ___ Other ___

(Please PRINT clearly!)

Student's Home Address: _____

City and State: _____, _____ Zip: _____

Mailing Address (*if different*): _____

City and State: _____, _____ Zip: _____

Home Phone: _____ Home E-mail Address: _____

Father/Guardian: _____ Employment: _____

Position: _____ Business Phone: _____ Cell # _____

Address (**if not the same as student**): _____

E-mail: _____ Home Phone: _____

Mother/Guardian: _____ Employment: _____

Position: _____ Business Phone: _____ Cell # _____

Address (**if not the same as student**): _____

E-mail: _____ Home Phone: _____

OTHER PEOPLE AUTHORIZED TO PICK UP MY CHILD(REN) FROM SCHOOL:

Please check **YES** and give a phone number next to those people, who are also authorized to be called in the event of an **EMERGENCY** and parents cannot be reached.

EMERGENCY CONTACT?

Name: _____ YES _____ Phone #: _____

Name: _____ YES _____ Phone #: _____

Name: _____ YES _____ Phone #: _____

Name: _____ YES _____ Phone #: _____

MEDICAL / SPECIAL INFORMATION:

Family Physician: _____ Phone#: _____

Medical or Special information about the student for School Nurse or Teacher:

CHURCH AFFILIATION: (optional)

Name: _____ Pastor: _____

Address (City and State): _____

In signing this form, I understand and agree to the following:

1. That all, ethical standards of Tri-City Christian Academy will be based on the Law of God as summarized in the Ten Commandments.
2. That in order for my child to benefit fully from Tri-City Christian Academy, I must support the teachers and administrative staff. If questions or disagreements arise, I will seek rectification privately, only with faculty or staff members involved.
3. That my transferring student will require placement testing and evaluation of special needs before this registration can be confirmed.
4. That Tri-City Christian Academy reserves the right to deny, suspend, or rescind admission to any student that is judged to cause any negative effect upon the student body.
5. That I authorize the administration of any emergency medical treatment, which may be required for my child.
6. That I will supply Tri-City Christian Academy with immunization documentation for my child by the start of school.
7. That I will purchase the school's student accident insurance (approximate cost: \$42 per student per school year) if I do not have a family medical insurance policy in effect for my student(s).
8. That registrations can only be confirmed when account balances are current.
9. That Tri-City Christian Academy may occasionally use photos of my child (ren) (without names) for our school's website, for various forms of media advertising, and for articles in various publications. I further understand that if I do not wish for my child (ren)'s photos to be used, I must inform the school in writing.
10. That my student may be transported between the RHR and the WHS campuses for elective courses, athletic practices or other school sponsored events. I further understand that if I do not wish for my student(s) to be transported, I must inform the school in writing.

Father/Guardian Signature: _____ Date: _____

Print name above: _____

Mother/Guardian Signature: _____ Date: _____

Print name above: _____

FOR OFFICE USE ONLY:

Application Form Rec'd: _____

Rec'd by: _____ (initials)

Financial Responsibility Form Rec'd: _____

Date: _____

Registration Fee Rec'd _____