

TRINITY CHRISTIAN ACADEMY

607 WEST ASHLAND AVENUE/P.O. Box 468

ANDREWS, SOUTH CAROLINA 29510

PHONE- (843) 264-8413

FAX- (843) 264-9434

APPLICATION FOR ADMISSION

Thank you for your interest in Trinity Christian Academy. We seek to be a Christ-centered place of excellence with a loving and caring environment. We state as our mission: "TCA is a Christian school assisting families by providing excellence in academics while instilling Biblical principles in student's lives that they might impact their society for Christ." We desire to launch our students into adult life equipped with the character and skills to navigate successfully for God's service.

ADMISSIONS PROCEDURE

1. Return the completed application with the \$100.00 (non-refundable) registration fee, to the office. After June 1st, registration will be \$150.00.
2. Your child will be placed on the "Waiting List" pending space availability and successful completion of the Admissions Process. Space availability is determined after reenrollment of current students and their siblings.
3. When an opening is available, you will be contacted. If records are not available, an age appropriate evaluation may be administered.
4. Test scores, records/report cards, and medical records will be requested from the applicant's current school.
5. Admission is determined on successful completion of the admission process and approval for admissions.
6. Following acceptance, the necessary forms will be mailed to you. Please return them within the stated time. When these forms are received, your child's space in the class will be secured.

Trinity Christian Academy does not discriminate on the basis of race, color, sex, or national origin in the administration of its educational program, admission, or other school policies.

APPLICANT INFORMATION

Name: _____
Last First Middle

Name student wishes to be called: _____

Gender: ___ Male ___ Female Date of Birth: ___/___/___ Social Security Number ___-___-___

Applying to enter the School Year _____ - _____

Grade Level applying for:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> PK-3 year old
(must be 3 by Oct
1 st and toilet
trained) | <input type="checkbox"/> PK-4 year old
(must be 4 by Oct
1 st) | <input type="checkbox"/> 1 st Grade | <input type="checkbox"/> 6 th Grade |
| | <input type="checkbox"/> Kindergarten
(must be 5 by Oct
1 st) | <input type="checkbox"/> 2 nd Grade | <input type="checkbox"/> 7 th Grade |
| | | <input type="checkbox"/> 3 rd Grade | <input type="checkbox"/> 8 th Grade |
| | | <input type="checkbox"/> 4 th Grade | |
| | | <input type="checkbox"/> 5 th Grade | |

Home Address: _____
Street

_____ (____) _____
City State Zip Telephone

LIST SCHOOLS ATTENDING BEGINNING WITH THE CURRENT SCHOOL:

School: _____ Grade(s) _____ Dates Attended _____

Address: _____ Telephone: (____) _____

School: _____ Grade(s) _____ Dates Attended _____

Address: _____ Telephone: (____) _____

School: _____ Grade(s) _____ Dates Attended _____

Address: _____ Telephone: (____) _____

Has the applicant ever skipped or repeated a grade? If so, please indicate grade and circumstances:

Has the applicant ever been ___ dismissed ___ suspended or ___ denied readmission from any school for any reason? If yes, please explain: _____

PARENT INFORMATION

Father's Name: _____

Mother's Name: _____

If parents are separated or divorced, with whom is the applicant living? _____

Who is financially responsible? _____

Who is legal guardian? _____

Who should receive school correspondence? _____

Address (if different from student): _____

Home Telephone: _____

NAME AND ADDRESS OF BUSINESS

Father's: _____

Mother's: _____

Address: _____

Address: _____

Position: _____

Position: _____

Work phone: _____

Work phone: _____

Mobile: _____

Mobile: _____

E-mail: _____

E-mail: _____

How did you become interested in Trinity Christian Academy?

Current TCA student or family

Former TCA student or family

Friend or Relative

Teacher

Internet search

Other: _____

Trinity Christian Academy does not discriminate on the basis of race, color, sex, or national origin in the administration of its educational program, admission, or other school policies.

I hereby certify that all information on this application and all information requested by Trinity Christian Academy, for which I am responsible, are complete and accurate, and I understand that falsification or omission of information may result in disqualification or dismissal.

Signed: _____ Date: _____
Parent or Guardian

Signed: _____ Date: _____
Parent or Guardian

CHECKLIST (REQUIREMENTS FOR ADMISSION)

We must receive the following items for the application to be considered complete

___ Completed Application Form

___ \$100 Registration Fee

___ Copy of Social Security Card

___ Copy of Birth Certificate

___ Health/Immunization Form

___ Transcripts from previous schools
(Please complete Records Release Form)