

# Tri-City Christian Academy – Student Application Form: PreK - Grade 8

## STUDENT INFORMATION (Please print all information clearly)

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Entering Grade: \_\_\_\_\_  
First Middle Last

Birthdate: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Christian Baptism: Yes \_\_\_ No \_\_\_

Does student (if baptized), have permission to receive Communion during Holy Communion Chapels? 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: \_\_\_\_\_

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

Parent's Marital Status: Married \_\_\_ Divorced \_\_\_ Separated \_\_\_ Widowed \_\_\_ Other \_\_\_

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: \_\_\_\_\_

## EMERGENCY and PICK-UP AUTHORIZATION INFORMATION

Please indicate others that are authorized to pick-up your child from school and 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.

Name: \_\_\_\_\_ YES \_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ YES \_\_\_ Phone #: \_\_\_\_\_

## MEDICAL / SPECIAL INFORMATION

Family Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

## SPECIAL EDUCATION SERVICES INFORMATION

Has the student ever received or been recommended for receiving special education services? Yes \_\_\_ No \_\_\_ If yes, please describe:  
\_\_\_\_\_  
\_\_\_\_\_

## CHURCH AFFILIATION (optional)

Name /Address: \_\_\_\_\_ Pastor: \_\_\_\_\_

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**PARENT AGREEMENT**

*No student admissions restrictions are made at TCCA on the basis of race, sex, national origin, physical handicap, or religious creed.*

*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. This contractual obligation applies especially to social media communications in all forms.
3. That my transferring student will require placement testing and evaluation of any 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:** \_\_\_\_\_

**Mother/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**FOR OFFICE USE ONLY:**      Application Form Rec'd: \_\_\_\_\_      Rec'd by: \_\_\_\_\_ (initials)  
    Financial Responsibility Form Rec'd: \_\_\_\_\_      Date: \_\_\_\_\_  
    Registration Fee Rec'd \_\_\_\_\_