

# APPLICATION FOR ADMISSION

## TRINITY CHRISTIAN ACADEMY

979 MARY DUNN ROAD • BARNSTABLE, MASSACHUSETTS 02630  
508.790.0114 • [ADMISSIONS@TCAOFCC.org](mailto:ADMISSIONS@TCAOFCC.org)

Name \_\_\_\_\_  
First Full Middle Last

Preferred Name \_\_\_\_\_  Male  Female Applying for Grade \_\_\_\_\_ School Year 20\_\_/ 20\_\_

Home Address \_\_\_\_\_  
Street Address & Post Office Box Apartment# City State Zip

Home Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Student e-mail \_\_\_\_\_ @ \_\_\_\_\_

Birth Date \_\_\_\_\_ Place of Birth \_\_\_\_\_ Citizenship \_\_\_\_\_

Primary Language (s) spoken in home \_\_\_\_\_ Your child speaks English  All the time  Sometimes  Not at all

**PRE-K Information :**  M, W, F  T, TH  5 Days **Ethnic Background :** \_\_\_\_\_

### Father or Male Guardian

### Mother or Female Guardian

Name (Dr./Mr./Rev.) _____	Name (Dr./Mrs./Ms../Rev.) _____
Home Address _____	Home Address _____
City _____ State _____ Zip _____ - _____	City _____ State _____ Zip _____ - _____
Phone (h) (____) _____ - _____ Cell (____) _____ - _____	Phone (h) (____) _____ - _____ Cell (____) _____ - _____ E-mail _____
E-mail _____	_____
Profession/Position _____	Profession/Position _____
Employer _____	Employer _____

**Check any that apply:**

Student lives with?	<input type="checkbox"/> Father Deceased	<input type="checkbox"/> Mother Deceased	<input type="checkbox"/> Parents Separated	<input type="checkbox"/> Parents Divorced
	<input type="checkbox"/> Father & Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Grandparent
	<input type="checkbox"/> Guardian	<input type="checkbox"/> Stepfather	<input type="checkbox"/> Stepmother	Other _____
Receives mail?	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Guardian	Other _____
Legal custody?	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Guardian _____	(documentation needed)
Financial responsibility?	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Guardian	

### Education Information

Present School \_\_\_\_\_ School Address \_\_\_\_\_

Public  Parochial  Private  Home Schooling Has applicant repeated any grade?  Yes  No What grade \_\_\_\_\_

Does applicant have either a 504 or Individual Education Plan (I.E.P.)?  Yes  No *If yes, please submit with application.*

Does your child have a developmental or educational challenge?  Yes  No *If yes, please submit with application.*

Does your child have any cognitive or emotional needs, physical challenge or chronic illness?  Yes  No

Please describe \_\_\_\_\_

Has applicant ever been expelled, denied re-enrollment at a school, counseled not to return to a school, or been the subject of any major school disciplinary action?  Yes  No *If yes, please explain in depth on a separate sheet of paper.*

### Church Affiliation

Do you attend church as a family?  Yes  No

Regular  Occasional  Seldom Pastor \_\_\_\_\_

Please check the areas in church your family is involved:

Sunday School  Youth Group  Bible Study  Other \_\_\_\_\_

Place of Worship \_\_\_\_\_ Location \_\_\_\_\_

**Office Use Only**

Date Received \_\_\_\_\_ Received By \_\_\_\_\_

Application Fee Check # \_\_\_\_\_ Cash \_\_\_\_\_

Date : Testing \_\_\_\_\_ Shadow \_\_\_\_\_ Interview \_\_\_\_\_

Accepted \_\_\_\_\_ Denied \_\_\_\_\_ Conditional \_\_\_\_\_

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## Medical Information

Is there any medical or other reason that the student cannot participate fully in any normal school activities, including athletics or extracurricular activities?  Yes  No *If yes, please explain:* \_\_\_\_\_

Are there any special factors or conditions, including any special medications affecting your child about which the school needs to be informed?  Yes  No *If yes, please explain:* \_\_\_\_\_

Is your child allergic to LATEX products?  Yes  No

Does your child have any allergies that we should be aware of?  Yes  No *If yes, please explain:* \_\_\_\_\_

Has your child had all of their immunizations required by law?  Yes  No *If no, please explain:* \_\_\_\_\_

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## How did you hear about Trinity Christian Academy?

Alumnus \_\_\_\_\_  Minister/Church \_\_\_\_\_  Referral from Current Parent \_\_\_\_\_

Mailing  Faculty Member \_\_\_\_\_  Website  Radio  Other \_\_\_\_\_

Siblings?  Yes  No *If yes, please complete the following:*

Name	Birthday (Month/Day/Year)	Grade	School
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Name	Birthday (Month/Day/Year)	Grade	School
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Name	Birthday (Month/Day/Year)	Grade	School
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*Please state why you want your child(ren) to attend Trinity Christian Academy:*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*As a Christian school, we place a strong emphasis on our students' spiritual growth and well being. Please describe your personal family faith and how that has influenced your decision to attend Trinity Christian Academy:*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***TCA Mission Statement:*** *Through the teaching of a dedicated Christian faculty, high academic standards, the foundation of Biblical Truth and a wholesome Christian environment, Trinity Christian Academy of Cape Cod seeks to educate and equip its students to become productive citizens in our society for the glory of God. Trinity Christian Academy is an evangelical, inter-denominational, Christ-centered independent day school which seeks to integrate a commitment to the essentials of Christian faith and academic excellence. By submitting this application you are indicating that you understand the Christian mission and focus of this school and recognize our Christian perspective and worldview as it is expressed in all aspects of our curriculum and common life throughout our school.*

*Signature below indicates agreement with Trinity Christian Academy's Mission Statement.*

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_