

APPLICATION FOR ADMISSION

TRINITY CHRISTIAN ACADEMY

979 MARY DUNN ROAD • BARNSTABLE, MASSACHUSETTS 02630
508.790.0114 • dwiegand@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:

<input type="checkbox"/> Father Deceased	<input type="checkbox"/> Mother Deceased	<input type="checkbox"/> Parents Separated	<input type="checkbox"/> Parents Divorced
Student lives with? <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:* _____

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
Name	Birthday (Month/Day/Year)	Grade	School
Name	Birthday (Month/Day/Year)	Grade	School

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: _____