

Rec'd _____

Trinity Christian Academy



of Lawton, Inc.

OUR MISSION Trinity Christian Academy is an independent coeducational school which offers Christian families and their children an exemplary educational foundation within a Christian community committed to integrating Biblical faith and learning. The school desires to educate and develop the whole person for the glory of God by helping equip each student to grow in the grace and knowledge of Jesus Christ, and to become a faithful disciple of Him.

Confidential Application for Admission

Applicant Information

(Circle Grade - choose Full or Half Day for K-3 through Kindergarten)

Application for Grade K-3 K-4 KG Half Day Full Day 1st 2nd 3rd 4th 5th 6th 7th 8th

Applicant Name _____
Last First Middle Name Used

Applicant Address _____
Street Apt. #

City State Zip +4 Home Phone (Area Code)

Applicant Social Security # _____ Date of Birth _____ Male Female

Ethnic Background African American Asian or Pacific Islander Caucasian Hispanic
 Middle Eastern Native American Other

School Applicant presently attending or last attended _____
Name School District

Address City State Zip Phone Number

Has the Applicant ever been retained or recommended for retention? Yes No

If yes, please explain _____

Has Applicant ever been tested, recommended for testing, or received special help for reading or learning differences? Yes No

If yes, discuss and include a copy of the report _____

Does your child have additional learning concerns? Yes No

If yes, please explain _____

Please share any other information that you think we need to know. _____

Does the applicant regularly require any medication? Yes No

Has the applicant ever been diagnosed with ADD or ADHD? Yes No

We need copies of student's prior school records, birth certificate and shot records before they will be admitted to class.

Family Information

Father's Name _____ Mother's Name _____

or Male Guardian _____ or Female Guardian _____

Business Name _____ Business Name _____

Business Address _____ Business Address _____

Business Phone _____ Business Phone _____

Cell Phone _____ Cell Phone _____

E-mail Address _____ E-mail Address _____

Signature _____ Signature _____

Sibling Information:

Name _____ Grade/Date of Birth _____

Relationship to Applicant _____ Applying to TCA? Yes No Plan to Apply? Yes No

Name _____ Grade/Date of Birth _____

Relationship to Applicant _____ Applying to TCA? Yes No Plan to Apply? Yes No

We first learned of Trinity Christian Academy through:

- Minister Word of Mouth Parents of TCA Student Internet
 Other _____

As parents of TCA Students, I / we and our children understand and agree to abide by the school's policies, procedures, and requirements contained in the handbook. Yes No



OFFICE OF ADMISSIONS
Trinity Christian Academy of Lawton, Inc.

902 SW A Avenue - Lawton, Oklahoma 73501
(580) 250-1900 (580) 250-1932 Fax
E-mail tcaoflawton@sbcglobal.net
Website www.tcalawton.org

Educating and Developing the Whole Person for the Glory of God

Notice of Non-Discrimination Policy as to Students

Trinity Christian Academy accepts students of any race, color, national and ethnic origin to all rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship programs, and athletic and other school administered programs.



Trinity Christian Academy

STUDENT EMERGENCY INFORMATION FORM

Student's Name _____ Date of Birth _____ Male _____ Female _____

Home Phone # _____ Primary E-Mail Address _____

Home Address _____
Street City State Zip

Father/Guardian _____ Work # _____ Mobile # _____

Place of Employment/Unit _____ Position/Rank _____

Mother/Guardian _____ Work # _____ Mobile # _____

Place of Employment/Unit _____ Position/Rank _____

Student lives with: Both Parents _____ Mother _____ Father _____ Other _____

Additional E-mail Address (optional) _____

In event of illness or emergency and parents can not be reached, we should notify:

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Persons authorized to pick up student other than parent (make us aware of custody situations):

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Indicate the information that we are authorized to share with other TCA Family members:

_____ Parent's/Guardian's Name _____ Address _____ Home Phone _____ Cell Phone _____ Work Phone _____ E-Mail

TCA has permission to post photos of my child on the TCA Website & Facebook Page:

_____ Yes _____ No _____ **Group or Class Photos Only**

ALERT TO PARENTS: If your child has a serious medical condition, it is vital that you discuss this with your child's teacher and office personnel immediately. It is very important to know **LIFE** THREATENING conditions.

In order to provide a safe and healthy environment for your child this information will be accessible to school and emergency medical personnel.

Please be sure to complete the information on the back side and sign this form.

A. MEDICAL HISTORY: Check the ones that apply to your child and describe under the comment section.

<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Epi-Pen	<input type="checkbox"/> Seizures	<input type="checkbox"/> Physical activity
<input type="checkbox"/> Anxiety/Panic attack	<input type="checkbox"/> Headaches	<input type="checkbox"/> Sinus trouble	<input type="checkbox"/> Not Limited
<input type="checkbox"/> Asthma	<input type="checkbox"/> Hearing problems	<input type="checkbox"/> Speech therapy	<input type="checkbox"/> Limited
<input type="checkbox"/> Bee/Wasp Sting allergy	<input type="checkbox"/> Heart condition	<input type="checkbox"/> Vision problems	Explain: _____
<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> Kidney/Urinary problems	<input type="checkbox"/> Other: _____	_____
<input type="checkbox"/> Color Blindness	<input type="checkbox"/> Neurological concern	(explain)	_____
<input type="checkbox"/> Emotional Concerns	<input type="checkbox"/> Orthopedic problem		_____

Does your child wear contact lens? _____ Glasses? _____

Special Health Needs: _____

Comments: _____

B. ALLERGIES: List allergies (food and drug) your child has that cause a problem at school:

Cause of allergy: _____ Treatment: _____

Cause of allergy: _____ Treatment: _____

Cause of allergy: _____ Treatment: _____

C. MEDICAL: (Include prescription, over-the-counter, and herbal medication.)

	Name	Used to treat	Taken at school?	
1)	_____	_____	Yes ___	No ___
2)	_____	_____	Yes ___	No ___
3)	_____	_____	Yes ___	No ___

Before medication of any kind can be administered at school, an Authorization for Medications Form, available in the office, must be completed and kept on file.

Physician' Name _____ Phone # _____ Hospital Preference _____

Insurance Company _____ Policy # _____

MEDICAL RELEASE/PARENTAL CONSENT

I, _____, Parent/Legal Guardian of _____, a minor, hereby acknowledge that said minor is presently under my care, custody, and control. In the event an emergency arises, necessitating medical or surgical attention, I hereby give my permission to Trinity Christian Academy staff, Headmaster, sponsors, or any attending physician(s) to make such decisions and to perform such medical treatments and/or surgery upon said minor, which may in their sole discretion be necessary and proper under the circumstances.

Parent(s) or persons who were designated as emergency contacts (as listed on the front of this form) at registration will be notified if a child becomes ill at school. Parents hereby agree to come in person or to direct their emergency contact to collect their child from school upon notification.

I, _____, Parent/Legal Guardian, release, acquit, discharge, and covenant to hold harmless Trinity Christian Academy of Lawton, Inc., staff, faculty, Headmaster, board members, or any sponsors from any and all actions, damages, and liabilities arising out of the treatment of any sickness or accident incurred by said child during attendance. I also acknowledge that all financial debts incurred are my responsibility and that Trinity Christian Academy of Lawton, Inc., staff, faculty, Headmaster, board members, or any sponsors are not responsible.

This authorization covers the period from August _____ to May _____, inclusive.

_____ Parent/Legal Guardian Signature	_____ Today's Date
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Trinity Christian Academy of Lawton, Inc.

Parent Questionnaire

We appreciate your interest in enrolling your child at Trinity Christian Academy. We view ourselves as partners with you in providing a strong education within a Christian community committed to integrating Biblical faith and learning. To help us toward this end, we ask you to complete this questionnaire and return it to us along with the completed application.

(Please type or print clearly).

Name of Applicant _____ Applying for Grade _____

1. Why have you chosen a **CHRISTIAN EDUCATION** for your child/children?

2. Why would you like to be a part of Trinity Christian Academy?

3. Are you a Christian? Yes No Undecided

If yes, do you believe that Jesus Christ is the Son of God, that He was born to a virgin, lived as a man and died as a sacrifice for our sins. Do you also believe that God raised him from the dead and believe that it is with your heart that you believe and are justified, and that it is with your mouth that you confess and are saved?

Yes No

4. Have you read the enclosed Doctrinal Statement? Yes No

Are there any points within this Statement that cause a concern for you? Yes No

If so, please identify.

Trinity Christian Academy of Lawton, Inc.

Parent Questionnaire - continued

5. Church Affiliation _____ Address _____

Please check the appropriate boxes:

Applicant

Attends Church regularly

Attends occasionally

Does not attend

Parent

Attends Church regularly

Attends occasionally

Does not attend

6. To best help your child, we need to know if there have been any experiences that will influence the community's life at Trinity Christian Academy. This includes suspensions, expulsions, problems of violence, or any other behavioral problems at home or at school. **Failure to notify us could result in your child's separation from Trinity Christian Academy.**

7. If divorced, please indicate type of custody ordered by the court. Joint Sole

If joint, are both parents in agreement with enrolling this applicant into TCA? Yes No

Which spouse holds legal responsibility for school decisions? _____

Is there any special information the school may need? _____

8. In order to charge the least tuition possible, the Academy requires one or more parent(s) participation with school fundraisers for a total of 12 hours per school year for each enrolled student (typically two garage sales and two other fundraising events are conducted each year). In lieu of participation, \$1,000 per student may be donated. The Academy Board of Trustees also may approve other forms of the \$1,000. For example, products given to the school for a school fundraiser.

Name of Parent/Guardian completing this questionnaire _____

Relationship to applicant _____ PLEASE PRINT

Signature of Parents _____

Father/Guardian

Mother/Guardian

Return to:

Trinity Christian Academy of Lawton, Inc.

902 SW A Avenue - Lawton, Oklahoma 73501

(580) 250-1900 (580) 250-1932 Fax

E-mail tcaoflawton@sbcglobal.net

Website www.tcalawton.org

Confidential Recommendation Form

PASTOR

A. This portion to be completed by applicant's parent.

Name of Applicant _____ Applying to Grade _____

My son / daughter is applying for admission to Trinity Christian Academy. I would appreciate your completing this form and returning it directly to Trinity Christian Academy, sealed, in the envelope provided.

Date _____ Signature of Parent or Guardian _____

B. This portion to be completed by Pastor, Pastoral Staff Member, Youth Minister, Sunday School Teacher, Elder, or Bible Study Leader.

The above named applicant is applying for admission to Trinity Christian Academy. Trinity Christian Academy is an independent, coeducational school which offers Christian families and their children an exemplary educational foundation within a Christian community committed to integrating biblical faith and learning. Trinity's admission policy is to admit children in Grades Pre-K through 8 where at least one parent is a Christian. As a distinctly Christian school, our desire is to admit families whose spiritual reputation can be confirmed by their church community. Based on your knowledge of this applicant and family, please check the appropriate box for each question. All information is held in strict confidence. Thank you in advance for your prompt attention to this recommendation.

1. Is this family/applicant an active member of your church? Yes No No Knowledge

2. How long have they been members/ involved in your church? _____

Are they involved in any areas of service? _____

3. Do they demonstrate an active spiritual life? Yes No No Knowledge

4. Do they seem to be a good match for Trinity? Yes No No Knowledge

5. To your knowledge is there anything to prevent your recommending them to us? _____

Please write any additional helpful comments on reverse side of page or attach comments to this page. (optional)

Name _____ Phone _____

PLEASE PRINT OR TYPE

Name of Church _____

Address _____

Position or Occupation _____

RETURN TO:



Trinity Christian Academy

of Lawton, Inc.

902 SW A Avenue
Lawton, OK 73501 • (580) 250-1900

SIGNATURE

DATE