



Questions Relating To Applicant's Educational & Medical History:

School and class most recently attended: _____ Dates: _____

Has your child ever been asked to withdraw from a school? Yes No

Has your child ever received any Special Educational testing or services? Yes No (If yes, please submit the test results)

Does your child receive speech, occupational or physical therapy? Yes No

Has your child ever had an Individual Educational Plan (IEP)? Yes No A section 504 plan? Yes No
If yes to either of these, please submit a recent copy of the IEP or 504 plans.

Has your child ever participated in any high ability or gifted student testing or programs? Yes No

Does your child have a special medical condition, allergy, handicap, etc? Yes No

What are your most important reasons for wanting your child to attend Traders Point Christian Academy?

1. _____
2. _____
3. _____

If you attend church, please answer the following questions:

How long have you attended this church and how frequently do you attend services? _____

Please describe ways that you are actively involved in your church.

How did you hear about Traders Point Christian Academy? Word of mouth Website Yellow pages
 Printed advertising Road-side sign Other _____

Do you have other school aged children applying to TPCA? Yes No If yes, provide names/grades

Do you have other school aged children **not** applying to TPCA? Yes No If yes, provide name/grade/current school

It is and shall be the policy of Traders Point Christian Academy in the admissions of students not to discriminate on the basis of the applicant's race, color, gender or national/ethnic origin. This information is needed for reporting purposes only.