



**Traders Point  
Christian Academy**



LIFE BUILDING  
Education & Spiritual Growth

## Application for Admission - Elementary & Secondary

**Applying for:**

Kindergarten: \_\_\_ Half Day am (8:30-11:30) \_\_\_ Half Day pm (12:30-3:30) \_\_\_ Extended Day (8:30-1:30) \_\_\_ Full Day (8:30-3:30)  
Please indicate 1<sup>st</sup> and 2<sup>nd</sup> choice

Please Circle Grade: 1 2 3 4 5 6 7 8 9 **Grades 5 - 9 Please Check (one or both):**  Band  Choir

Applicant's Legal Name: \_\_\_\_\_  
First Middle Last Preferred Name

Sex  Male  Female Date of Birth: \_\_\_\_\_ Home Telephone Number: \_\_\_\_\_  
Month Day Year Area Code Phone Number

Home Address: \_\_\_\_\_  
Street City State Zip Code

School District of Residency: \_\_\_\_\_ Church applicant attends: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ E-mail for:  Mom  Dad  Family

Applicant's Ethnicity:  American Indian  Black (not of Hispanic origin)  Asian or Pacific Islander  
 Hispanic  White (not of Hispanic origin)  Multiracial

Primary language spoken in the applicant's home: \_\_\_\_\_ Secondary (if any): \_\_\_\_\_

**Family Information: Father/Guardian**

Title:  Mr.  Dr.  Rev.

Name: \_\_\_\_\_  
First Middle Last

Relationship to Applicant: \_\_\_\_\_

Home Address (if different than applicant's): \_\_\_\_\_  
 \_\_\_\_\_

Home Telephone (if different than applicant's): \_\_\_\_\_

Occupation: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Church attending: \_\_\_\_\_

**Mother/Guardian**

Title:  Mrs.  Miss  Ms.  Dr.  Rev.

Name: \_\_\_\_\_  
First Middle Last

Relationship to Applicant: \_\_\_\_\_

Home Address (if different than applicant's): \_\_\_\_\_  
 \_\_\_\_\_

Home Telephone (if different than applicant's): \_\_\_\_\_

Occupation: \_\_\_\_\_

Cell Phone number: \_\_\_\_\_

Church attending: \_\_\_\_\_

Legal Parents are:  Married  Separated  Divorced  Single  Widowed  
 Applicant in legal custody of:  Both Parents  Mother  Father  Other (note name & relationship below)



**Questions Relating To Applicant's Educational & Medical History:**

School and grade most recently attended: \_\_\_\_\_

Has your child ever been suspended, asked to withdraw from school, or expelled?  Yes  No

Has your child ever repeated a grade?  Yes  No

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

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 plan.

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 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.