

**REGISTRATION FORM**

Please fill in all blanks-**Incomplete registration packets will not be accepted.** Please print firmly and clearly or type all information.

Registering: v Returning Student New Student Male Female Entering Grade: \_\_\_\_\_\_\_\_\_\_

**STUDENT INFORMATION**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_ D.O.B.: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

Student Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Citizenship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If Non-citizen, Visa #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Social Security #: \_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_

Ethnicity:  Black/Non-Hispanic  White/Non-Hispanic  Hispanic  Asian  American Indian

Religious Affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parish: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous School Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student resides with:  Both Parents  Mother  Father  Grandparents  Guardian (Relationship)

If parents are separated, who is the custodial parent?  Mother  Father  Joint Custody

**MEDICAL INFORMATION**

Does your child have any special medical needs?  Yes  No

If yes, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child take any regularly scheduled medications:  Yes  No

Medications & Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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In case of divorce or separation, copies of the custodial agreement MUST be attached or registration will be returned. A copy must be kept on file in the school office.

Mother/Female Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security #: \_\_\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State: \_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Work/Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father/Male Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security #: \_\_\_\_\_\_\_-\_\_\_\_-\_\_\_\_\_\_\_\_

Address if different from above: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State: \_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Work/Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Children Living in Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family’s Annual Income:  less than $26,000  $27,000-$31,000  $32,000-$36,000  $37,100-$41,000

 $42,000-$46,000  $47,000-$51,000  $52,000-$56,000  Over $57,000

**Additional Information**

Has your child been tested for special learning needs?  Yes  No

Please explain and submit a copy of the evaluation with application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your child been diagnosed with special learning needs?  Yes  No

Please explain and submit a copy of the final/most recent diagnosis with application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your child received services from a Title I teacher or learning specialist?  Yes  No

Has your child received accommodations during his/her learning process?  Yes  No

Has your child received modifications on traditional curriculum to meet learning needs?  Yes  No

Has your child ever been suspended from school?  Yes  No

If yes, reason for suspension: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been required to withdraw your child from school?  Yes  No

If yes, reason for withdrawal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FAMILY INFORMATION**

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*I certify all the information contained to this application is true and correct. I acknowledge falsification of information or any misrepresentation of the facts can be sufficient reason for denying application and/or dismissal from the school.*

Mother/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**FINANCIAL AND REGISTRATION AGREEMENT**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Financial Responsible Party: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State: \_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

Parent/Guardian (please print) Parent/Guardian Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

Parent/Guardian (please print) Parent/Guardian Signature Date

* I/We, the undersigned, agree to be legally responsible for payment of tuition and all fees for the above student on a payment plan. Signatures of both parents are required with the exception for single parent families or when one parent has sole custody. In case of divorce or separation, signing parent must accept financial responsibilities.
* I/We agree to comply with all rules and regulations as set forth by Tabernacle of Praise Christian Academy. In addition, I/we agree to cooperate and assist administration, faculty, and staff promoting the integrity and high spiritual, moral, and academic standards set forth by Tabernacle of Praise Christian Academy.
* I/We acknowledge Tabernacle of Praise reserves the right to cancel this registration at any time for reasons of academic, moral, or character deficiency as well as any actions detrimental to the faculty, administration, staff, students, facilities, or name of Tabernacle of Praise Christian Academy.
* I/We acknowledge that tuition and fees are non-refundable. The persons responsible for tuition payments are obligated for a full semester once the child has attended school within that same semester whether or not withdrawal is voluntary.
* I/We acknowledge that registration is not complete until all fees are paid.
* New students are accepted to Tabernacle of Praise Christian Academy on a 90 day probationary period. Within that time, students are evaluated by faculty and administration in order to ensure proper spiritual, academic, and social growth and development. Tabernacle of Praise Christian Academy reserves the right to withdraw admission to a student before the probationary period is complete.



**TUITION AGREEMENT**

**Tuition Costs & Fees**

Registration Fee: $300.00 (Non-Refundable) Tuition: $500.00 monthly (10months) $5000.00 yearly

Multiple student discounts for children within the same household

Tuition for each addition child: $400.00 monthly (10months) $4000.00 yearly

TOPCA after school care: $65.00 per child **Note:** Multiple student discounts not included in after school care

Includes: Application & Testing Fee

Books & Supplies

4 Field Trips

Insurance

**\*\*Tuition does not include the school break weeks\*\***

**Tuition Payment Policy:** Tuition is due on the first day of the week that your child attends. Full tuition is collected on the 1st of each month regardless of absences. You are given a three (3) day grace period. If tuition isn’t received by the third day of the month, a late fee of $35.00 will be charged. Late fees will continue to accrue at $5/day until the tuition payment is made. Should an account balance become thirty (30) days past due, the student will be asked to withdraw. Any past due balances will be reported to credit agencies at the discretion of Tabernacle of Praise Christian Academy.

**Returned Check Policy:** I understand if my check is returned, I am required to pay a $35.00 returned check fee to Tabernacle of Praise Christian Academy. I understand Tabernacle of Praise Christian Academy has the right to request other methods of payment and no longer accept check on my behalf.

**Withdrawal Agreement:** I understand that I will be charged a withdrawal fee of $500.00 per student if I withdraw my student for any reason before the end of the school year. I agree to support the school with my prayers and with a positive attitude. Complaints or negative comments will be shared only with the teacher, administration, or person directly involved (following the Matthew 18 principal) and not with the child or other people. In sharing questions or grievances with the teacher, I understand I am not to intimidate him or her in any way but find a positive solution to resolve the problem.

I further understand anytime the principal, headmaster, or administrator of Tabernacle of Praise Christian Academy determines, in its sole discretion, that my actions do not support the ministry of the school or reflect a lack of cooperation and commitment to Tabernacle of Praise Christian Academy the school has the right to request the withdrawal of my child.

**Additional Charges:** During the school year, there may be other charges incurred that are NOT included in the tuition rate. These charges may include uniform, sport activities, musical instruments, costumes, props, etc. These charges will be billed separately and payment will be expected by the 10th of the month.

**Late Child Pick-Up Policy:** School ends at 3:05p.m. and closes at 6:15p.m. Students not enrolled in aftercare must be picked up no later than 3:15p.m. If you are going to be late picking up please contact the school at **770.626.4125** as soon as possible. Any non after school students who are not picked up by 3:15p.m., will be charged $1.00 per minute late fee until arrival. Students who participate in after care but are not picked up after 6:15p.m., will be charge $1.00 per minute late fee until arrival.

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I understand that I am required to give two weeks’ notice should I choose to withdraw my child. If less than two weeks’ notice is given, I will be required to pay the full months tuition. Any advance payments paid out to Tabernacle of Praise Christian Academy will be refunded within a 2 to 4 week time period.

I have read, acknowledge, understood, and agree to Tabernacle of Praise Christian Academy’s tuition policies explained above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name Entering Grade Date of Birth

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Financial Responsible Parent/Guardian (please print) Signature

Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Financial Responsible Parent/Guardian (please print) Signature

Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Tuition Agreement Continued**

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Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_

Mother Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Insurance Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your child asthmatic?  Yes  No (If yes, please provide an inhaler that can stay at school for the school year)

Does your child have any allergies?  Yes  No (if yes, please list those allergies & provide medication in case of a reaction)

Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child take any special medication?  Yes  No (if yes, list the medication, the reason, and dosage instructions)

Medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dosage Instructions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Side Affects: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian (please print) Signature Date

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We understand we will be notified in case of a medical emergency involving our child. However, in the event either of us cannot be reached, we authorize Tabernacle of Praise Christian Academy and/or its staff to contact a medical provider to obtain necessary medical services in the event the student named below becomes ill or injured. We authorize Tabernacle of Praise Christian Academy staff to make emergency medical care decisions on behalf of our child, if required by law or health care provider.

We understand no officers, employers, or volunteers of Tabernacle of Praise Christian Academy, will be responsible for the outcome of medical services provided or any medical expenses incurred on the basis of authorization. We agree to notify Tabernacle of Praise Christian Academy in the event of any health changes which would restrict our child’s participation in any activities. We also understand that any representative of Tabernacle of Praise Christian Academy reserves the right to restrict our child from any activity they do not feel in within the physical capabilities of my child.

This form further authorizes Tabernacle of Praise Christian Academy to give special medications to my child. If my child has special medical conditions such as asthma, allergies, eczema, etc., I authorize Tabernacle of Praise Christian Academy to medically treat my child in the event of an attack, allergic reaction, and/or outbreak.

If your child has additional needs outside of general medical treatment, including food allergies please indicate those needs below.

**Medical Treatment Authorization**



|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type of Use:** | **(Please check one)**  **Grant Permission ⎥ Decline Permission** | | | |
| **Still Photographs:** | | | | |
| Display in facility’s yearbook, scrapbook, bulletin boards, and/or shown to current and prospective clients. | |  |  | |
| Display still photos on Tabernacle of Praise Christian Academy’s website\* | |
| Post photos on Tabernacle of Praise Christian Academy’s social media pages | |
| Utilize in other marketing mediums/school advertisements | |
| **Videos:** | | | | |
| Give video to current parents |  | | |  |
| Use on social media platforms |
| Use for marketing and promotional purposes/school advertisements |

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\*Only first names and possibly last initials (in the event of two or more children with the same first name) will be displayed on the facility website.

I understand it is my responsibility to update this form in the event that I no longer wish to utilize one or more of the above uses. I agree this form will remain in effect during the term of my child’s enrollment.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give permission for Tabernacle of Praise Christian Academy to photograph/video my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for the following purposes:

**MEDIA RELEASE AUTHORIZATION**



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**TRANSPORTATION & EMERGENCY CONTACT AGREEMENT**

**Transportation**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

After school enrollment:  Yes  No

Authorized to pick up child Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized to pick up child Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized to pick up child Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tabernacle of Praise Christian Academy has the right to transport my child where education and learning purposes is its key fundamentals. Hands on learning may include visiting local stores and shops for lessons. I understand my child may take in class field trips in order to serve Tabernacle of Praise Christian Academy curriculum standards. I further understand by not allowing my child to participate in field trip according to this to this agreement may hinder my child’s education process which may affect my child’s grades and overall achievement.

**Emergency Contact**

In the event of an emergency and we am not able to be reached, Tabernacle of Praise Christian Academy are to contact the following individuals on my behalf in the contact order listed below:

Emergency contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date



**TEACHER RECOMMENDATION**

**For Students Applying for Kindergarten-8th Grade**

|  |  |  |  |
| --- | --- | --- | --- |
| **Mathematics** | **Area of Strength** | **Age Appropriate** | **Area of Concern** |
| Recalls and utilizes basic math facts |  |  |  |
| Performs computation with reasonable speed and accuracy |  |  |  |
| Understands mathematical concepts |  |  |  |
| Uses problem solving skills effectively and independently |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Reading** | **Area of Strength** | **Age Appropriate** | **Area of Concern** |
| Reads with fluency and expression |  |  |  |
| Demonstrates a clear understanding of materials read and written assignments |  |  |  |
| Interprets and applies what is read across the curriculum |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Writing** | **Area of Strength** | **Age Appropriate** | **Area of Concern** |
| Uses complete sentences |  |  |  |
| Uses mechanics in written expression, evidenced by proper capitalizations, spelling, and punctuations |  |  |  |
| Clearly expresses ideas in written expressions |  |  |  |

**Section I: TO BE COMPLETED BY THE PARENT/GUARDIAN**

Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My child is applying for enrollment at Tabernacle of Praise Academy. Please sign this confidential teacher recommendation form and mail, fax, or deliver to Tabernacle of Praise Christian Academy. I waive my right of access and that of my child to this evaluation form.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

Comments:

Comments:

**Section II: TO BE COMPLETED BY STUDENT’S PREVIOUS TEACHER OR CURRENT PASTOR**

To maintain confidentiality, recommendation form must be mailed, faxed, or delivered in a sealed envelope by the reference directly to Tabernacle of Praise Christian Academy

Please give us your candid response to the following items by checking the box which you feel most closely describes the student.

Comments:

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|  |  |  |  |
| --- | --- | --- | --- |
| **Speaking & Listening** | **Area of Strength** | **Age Appropriate** | **Area of Concern** |
| Participates in group discussions |  |  |  |
| Understands classroom instructions |  |  |  |
| Expressions ideas well orally |  |  |  |
| Speaks clearly and can be understood without repetition |  |  |  |

Comments:

**Teacher Recommendation Continued**

|  |  |  |  |
| --- | --- | --- | --- |
| **Work & Study Skill** | **Area of Strength** | **Age Appropriate** | **Area of Concern** |
| Sustains attention and concentration on task at hand |  |  |  |
| Listens attentively to oral discussions and directions |  |  |  |
| Contributes relevant thoughts to group discussions |  |  |  |
| Works well independently or with minimal assistance |  |  |  |
| Demonstrates responsibility for homework |  |  |  |
| Takes pride in neatness and accuracy of work |  |  |  |
| Displays pattern of completing work in a timely manner, both short and long-term |  |  |  |

Comments:

|  |  |  |  |
| --- | --- | --- | --- |
| **Social Skills** | **Area of Strength** | **Age Appropriate** | **Area of Concern** |
| Cooperates with teachers |  |  |  |
| Gets along well with other |  |  |  |
| Practices self-discipline |  |  |  |
| Speaks clearly and can be understood without repetition |  |  |  |

Comments:

1. What hand does the student predominately write with?  Right  Left
2. Does the student possess any health or emotional problems that would prevent them from being able to participate in class?  Yes  No

Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Has the child been recognized for outstading academic, athletic, or articstic performance?  Yes  No

Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you recommend this student for enrollment at Tabernacle of Praise Christian Academy?  Yes  No

Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for your time and evaluation. If the need arise, may we contact you to discuss this further?  Yes  No

Teachers Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**ADMISSIONS CHECKLIST**

**K-8th Grade**

In order for an applicant to be considered for admission, all of the items mentioned below must be turned in upon completion the Student’s Admission Packet

**Items to be included when submitting an application:**

\_\_\_\_\_ Completed Student Application

\_\_\_\_\_ Two Previous year’s report cards

\_\_\_\_\_ Most current grade report

\_\_\_\_\_ Parental Agreement/Emergency Medical Release Forms

\_\_\_\_\_ Admission Interview Date

\_\_\_\_\_ Admission Testing Date

**Items to be included upon acceptance:**

\_\_\_\_\_ Teacher Recommendation

\_\_\_\_\_ Copy of Birth Certificate

\_\_\_\_\_ Copy of Immunization Records (Georgia Form 3231)

\_\_\_\_\_ Copy of Georgia Three-Point Screening (Georgia Form 3300)

\_\_\_\_\_ Complete transcript from previous school- grade reports for each level completed and all standardized test scores.

\_\_\_\_\_ Registration Fee

*The student file MUST be complete in order to be considered for enrollment at Tabernacle of Praise Christian Academy. Incomplete files will not be accepted.*

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