Temple Christian Academy

Student Enrollment Form

Copy of the following need to be turned into the main office prior to the first day of school:
Birth Ceritificate, Immunizations, Court Order Docs, Transcript/Report Card, Guardian and Pickup Drivers License, Signed Parent Acknowledgement.

School Year :_____

New Enrollment ☐

Re-Enrollment ☐

Student Information

Name:_____ Gender:_____ D.O.B._____ Race:_____

Home Address:_____
(Street Address) (Apt #) (City) (State) (Zip Code)

Last School Attended:_____ Last Grade Completed:_____
(City)

Immunizations Updated:_____ SS#_____ Home Phone #_____
(Yes/No)

Who does student live with?_____

Are there court order custody/restraint documents?_____ Mode of Transportation:_____
(Yes/No)

Academic & Disciplinary Information

Student's grades have been: Superior ☐ Above Average ☐ Average ☐ Below Average ☐

Has student failed any grade? Yes ☐ No ☐ If yes, what grade and from what school?_____

Has student been expelled from any school Yes ☐ No ☐ If yes, why? Please submit an explanation from both parent and student.

Has student ever had a police record Yes ☐ No ☐ If yes, why? Please submit an explanation from both parent and student.

Parent / Guardian Information

Name:_____ Relationship:_____

Phone (H)_____ (C)_____ (W)_____

Home Address:_____
(Street Address) (Apt #) (City) (State) (Zip Code)

E-Mail Address:_____ Legal Custody:_____ Resides w/ Student_____
(Yes/No) (Yes/No)

Name:_____ Relationship:_____

Phone (H)_____ (C)_____ (W)_____

Home Address:_____
(Street Address) (Apt #) (City) (State) (Zip Code)

E-Mail Address:_____ Legal Custody:_____ Resides w/ Student_____
(Yes/No) (Yes/No)

Emergency Contact

Name:_____ Relationship:_____

Phone (H)_____ (C)_____ (W)_____

Email:_____ Resides w/Student _____
(Yes/No)

Name:_____ Relationship:_____

Phone (H)_____ (C)_____ (W)_____

Email:_____ Resides w/Student _____
(Yes/No) (Yes/No)

Authorized for Pickup

Name:_____ Phone #: _____

Name:_____ Phone #: _____

Medical Information

PCP/Pediatrician:_____ Phone:_____

Insurance:_____ Plan/Group #_____

Special conditions:_____

Medications: _____

Preferred Hospital:_____