



TREIGN CHRISTIAN  
ACADEMY

# Application for Admission

Please Print all Information

\_\_\_\_\_  
Students Legal Name (Last) (First) (Middle) (Preferred Name)

Current Grade Level: \_\_\_\_\_ Applying to Enter Grade Level: \_\_\_\_\_

\_\_\_\_\_  
Sex Race Age Date of Birth

\_\_\_\_\_  
Place of Birth

\_\_\_\_\_  
Physical Address

\_\_\_\_\_  
Mailing Address

Full Name of Father/Guardian (include title) : \_\_\_\_\_

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

Home Address: \_\_\_\_\_

Employer and Phone Number: \_\_\_\_\_

High School Attended: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

College(s) Attended: \_\_\_\_\_ Dates: \_\_\_\_\_ Degree: \_\_\_\_\_

\_\_\_\_\_ Dates: \_\_\_\_\_ Degree: \_\_\_\_\_

Full Name of Mother/Guardian (include title): \_\_\_\_\_

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

Home Address: \_\_\_\_\_

Employer and Phone Number: \_\_\_\_\_

High School Attended: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

College(s) Attended: \_\_\_\_\_ Dates: \_\_\_\_\_ Degree: \_\_\_\_\_

\_\_\_\_\_ Dates: \_\_\_\_\_ Degree: \_\_\_\_\_

Please Check all that apply:

- Student lives with both parents
- Student lives with Father
- Student lives with Mother
- Parents are separated
- Parents are divorced
- Joint custody of student is held by \_\_\_\_\_ and \_\_\_\_\_
- Custody arrangements have been court adjudicated. (If applicable, a notarized copy of such adjudication must be filed along with this application.)
- Father has custody
- Mother has custody
- Grandparent(s) has (have) custody
- Father is deceased
- Mother is deceased

Person responsible for payment of tuition and fees:

\_\_\_\_\_  
(Name) (Address) (Phone Number)

Names, ages, grades, and current schools of all siblings currently in school:

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

Previous school(s) attended, dates, and reasons for leaving:

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

What church does your family attend? \_\_\_\_\_ Pastor's Name \_\_\_\_\_

Have you accepted Jesus Christ as your personal Lord and Savior? (yes, no or unsure)

\_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_ Student

The Primary language spoken in the student's home is: (circle) English Spanish Other \_\_\_\_\_

Has the applicant ever:

YES NO (If additional writing space is needed, please continue on a separate sheet of paper)

- Repeated a grade? If yes, what grade? \_\_\_\_\_
- Been suspended or expelled from any school for any reason? If yes, explain and please include the name of the school and principal: \_\_\_\_\_  
\_\_\_\_\_
- Been denied admission to a school? If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
- Been home-schooled? If yes, give dates, grade level(s) and curriculum used: \_\_\_\_\_  
\_\_\_\_\_

- YES    NO
- Had a clinical diagnosis of a learning disability? If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
- Had any additional testing or tutoring? If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
- Been recommended for any special testing or services, whether the recommendation was followed?  
Explain circumstances: \_\_\_\_\_
- Undergone formal psychological/emotional/behavioral testing or counseling? If yes, please explain:  
\_\_\_\_\_
- Participated in regular, standardized achievement testing?
- Participated in advanced classes? If yes, in which area(s): \_\_\_\_\_

If the applicant has any physical limitations, allergies or chronic illnesses of which we should be aware, please explain. You may attach a separate page explaining his or her special needs.

\_\_\_\_\_

Please use the space below for other pertinent information about your child or family situation that you think could help the school to meet your child's needs, or, if you prefer, you may attach a separate page.

\_\_\_\_\_

\_\_\_\_\_

**Students Interests:**

- Indoor: \_\_\_\_\_
- Outdoor: \_\_\_\_\_
- Sports: \_\_\_\_\_
- Responsibilities at home \_\_\_\_\_
- Television Programs \_\_\_\_\_
- TV hours per day \_\_\_\_\_
- Free time activities \_\_\_\_\_
- Pets \_\_\_\_\_
- Choice of activities when playing with peers \_\_\_\_\_
- \_\_\_\_\_

Relatives seen frequently: Yes or No

Student's reaction to new situations \_\_\_\_\_

Specific fears \_\_\_\_\_

Security Items \_\_\_\_\_

Reason for applying to Treign Christian Academy:

Treign Christian Academy was recommended by: \_\_\_\_\_

**NOTICE OF NONDISCRIMINATORY POLICY AS TO STUDENTS**

Treign Christian Academy admits students of any race, color, nationality, and ethnic origin to all the 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, nationality, and/or ethnic origin in administration of its educational policies, admission policies, scholarship and loan programs, and athletic and other school-administered programs.

I affirm that all the information contained in this application is true and accurate to the best of my knowledge. I understand that providing false information or omission of pertinent information could be reason for rejection of this application or dismissal of my child from Treign Christian Academy.

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

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