Application for Admission

Trinity Classical Academy
111 Waring Street,
Summerville, S.C. 29484
843-327-7444
www.tcasummerville.com

Today's Date _____

Child's Name:

_____

First Middle Last

Date of Birth: _____ Age: _____ Gender: _____ Grade Applied for _____

Mailing Address: _____

Street City Zip Code

Telephone: _____

Current School / Program: _____

Name of School / Program Grades Attended

Parent's Name: _____ _____

Relationship to Child

Address: _____

IF DIFFERENT FROM CHILD'S City State Zip Code

Home Phone: _____ Mobile Phone: _____

Work/Alternate Phone: _____ Email: _____

_____

Occupation: _____ Location of Work: _____

Parent's Name: _____ _____

Relationship to Child

Address: _____
IF DIFFERENT FROM CHILD'S City State Zip Code

Home Phone: _____ Mobile Phone: _____

Work/Alternate Phone: _____ Email: _____

Occupation: _____ Location of Work: _____

Emergency Contact: _____ _____

Relationship to Child

Address: _____

Street City State Zip Code

Home Phone: _____ Mobile Phone: _____

2nd Emergency Contact:_____

Relationship to child: _____

Home Phone: _____ Mobile:_____

Child's name_____

Child Resides With: _____

Siblings: _____

Name	Age	School / Program Currently Attending
_____	_____	_____
_____	_____	_____

CHILD'S PROFILE

Child's Health / Medical Needs: _____

Child's Allergies: _____

Child's Medication: _____

Describe any medical, physical, psychological, behavioral and/or other needs, conditions or concerns about the child that would assist the school & staff.

_____

_____

_____

Child's Religious Preference (optional): _____ Child's Ethnic Origin (optional): _____

Was child adopted: YES NO If yes, at what age: _____

Please list any developmental delays, if any, since birth: _____

_____

Student's name_____

Does student wear glasses or contact lenses? Yes/No

If so, which? _____

Does students have any hearing problems?_____

Does student currently have an IEP or 504 written by another school? _____

If so, please describe the plan_____

_____

Child's Spoken Language: _____

Child's Daily Routine: _____

_____

Child's Responsibilities at Home: _____

_____

Child's Interests / Hobbies / Sports: _____

_____

Please describe your child's learning style, disposition, personality and any other characteristics that would assist the school in best supporting the child while in school:

_____

_____

_____

_____

_____

How did you come to know about TCA? _____

What are your interests / reasons for choosing TCA? _____

_____

Has child ever repeated or skipped a grade?

YES NO If yes, please explain: _____

Has child ever been suspended, expelled or asked to leave another school / program?

YES NO If yes, please explain: _____

_____

By signing below, I agree that the information provided by me on this application is true to the best of my knowledge. I understand that an application for admission does not guarantee placement at Trinity Classical Academy. If my student is accepted to TCA, I understand that I will be required to immediately sign the tuition contract and pay for the non-refundable student fee. I also understand that I will be responsible for tuition for my student once the tuition contract is signed and that tuition is non-refundable and due in full for the entire year if my student withdrawals from the school, either voluntarily or involuntarily, regardless of reason, including expulsion from Trinity Classical Academy. I understand the school will request my students entire academic profile and all student records from their previous school, if applicable. I understand that I am responsible for providing TCA with my students birth certificate, school records, immunization records and any other documents pertinent to school enrollment.

Signature:_____

Printed name:_____

Student's name:_____

Date:_____