



Temple

Christian School



Application for Enrollment

Office Use Only

Date of Enrollment: _____

Entering Grade: _____

Student Information

First Name: _____ Middle: _____ Last: _____

Preferred Name: _____ Age: _____ Birth Date: ____/____/____ SS# _____

Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Home Telephone: _____ Student Lives With: _____

Family Information

Father: _____ Home Phone: _____

Full Address: _____

Employer: _____ Work Phone: _____ Cell: _____

Mother: _____ Home Phone: _____

Full Address: _____

Employer: _____ Work Phone: _____ Cell: _____

Guardian or Step Parent: _____ Home Phone: _____

Full Address: _____

Employer: _____ Work Phone: _____ Cell: _____

Medical, Insurance, & Emergency Information

Insurance Carrier _____ Policy # _____

Does your child have any known allergies? _____ If Yes, please explain. _____

Child's Doctor: _____ Office Phone: _____

Address: _____

Child's Dentist: _____ Office Phone: _____

Address: _____

Hospital Preference: _____ Office Phone: _____

If neither father, mother or guardian can be contacted, whom should we contact?

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

To whom, besides yourself, may we release your child for pick-up? List Full Names: _____

Academic History (Not applicable for Kindergartners)

Current Grade: _____ Current School: _____

Address: _____ Telephone: _____

City: _____ State: _____ Zip code: _____ Years Attended: _____

Please answer the following questions. Please explain all “yes” responses below in the “Additional Comments” section of this application.

- 1. Has your student ever repeated a grade? Which one? _____ Yes No
- 2. Has your student ever been suspended, expelled, or refused admission to any school? Yes No
- 3. Has your student ever been tested for learning disabilities? If yes, please elaborate below. Yes No
- 4. Has your student ever been tested for giftedness? If yes, please elaborate below. Yes No
- 5. Has your student ever been referred for or received professional, educational, psychological, or personal counseling? Yes No
- 6. Has your student ever had behavior problems? Yes No
- 7. Has your student ever been brought before a law enforcement agency or court? Yes No
- 8. Has your student ever been involved with drugs or alcohol? Yes No
- 9. Has your student ever taken medication for ADD, ADHD, or depression? Yes No
- 10. Has your current school declined re-enrollment for this year? Yes No

Additional Comments

Church Information

Name of Current Church: _____ Denomination: _____

Pastor’s Name: _____ Church Telephone: _____

Address: _____

City: _____ State: _____ Zip code: _____

How often does your family attend church? _____

What church ministries are you actively involved in? _____

Church Information

Name of Current Church: _____ Denomination: _____
Pastor's Name _____ Church Telephone _____
Address: _____
City: _____ State: _____ Zip Code: _____

How often does your family attend church? _____ What church ministries are you actively involved in? _____

Statement of Cooperation

In making application for my child, I give permission for my child to take part in all activities including but not limited to games, sports, field trips, van or bus rides, etc. I will not hold Temple Christian School liable beyond the school insurance policy for any injury to my child at school or during any school activity. If needed, I give permission for my child to receive emergency care.

I shall cooperate with the rules of TCS and prayerfully support the efforts of its Administration and Staff.

I agree to leave my child in Temple Christian School for at least one semester, and I understand that I will be responsible for at least one semester's tuition.

I understand that at any time the school will withhold progress reports, report cards, and records due to unpaid or delinquent accounts.

My signature on this application signifies that I accept these provisions. My child's attendance on the first day of the second semester and the succeeding semesters will confirm the same.

Discipline Statement

I agree to have the school discipline my child according to Biblical standards set forth in God's Word. The philosophy at Temple Christian School is to produce well-mannered, balanced, Christ-honoring young men and women. This is done through a well-disciplined curriculum that integrates the Bible in all aspects of the program. Corporal punishment is part of that Biblical program and will be used with discretion and love. The Bible states that corporal punishment is needed in order to minimize evil and accentuate positive behavior (Proverbs 29:15, 17). Corporal punishment administered properly is an evidence of love (Proverbs 13:24).

Having read and understood the above discipline policy of Temple Christian School, I give Temple Christian School permission to spank my child if it is deemed necessary by the school.

Withdrawal Procedure

Records will not be sent until a written request is received from the new school. Parents must check the student out of Temple Christian School in person and sign withdrawal forms. **Records will not be sent until all accounts are paid in full.**

All applicants are subject to Temple Christian School Administration approval. If the applicant is denied admission, the registration fee will be refunded; otherwise, registrations fees, book fees, and any other administration fees are *not* refundable.

Certification

To the best of my knowledge, the information provided in this application is true and accurate. I have read the above Statement of Cooperation, Discipline Statement and Withdrawal Procedure, and I agree to the provisions set forth in them.

Signature of Parents/Guardian