



# Temple Christian School

## Re-Enrollment Form

Office Use Only:

Date of Enrollment: \_\_\_\_\_

Entering Grade: \_\_\_\_\_

### Student Information

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SS# \_\_\_\_\_

Address: \_\_\_\_\_ Neighborhood: \_\_\_\_\_

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:  No  Yes

Explain: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Office Phone: \_\_\_\_\_

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

Child's Dentist: \_\_\_\_\_ Office Phone: \_\_\_\_\_

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

Hospital Preference: \_\_\_\_\_ Office Phone: \_\_\_\_\_

If neither father, mother, nor guardian can be contacted, whom should we contact?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

To whom, besides yourself, may we release your child for pick-up?

List Full Names: \_\_\_\_\_

## 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.

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

## Discipline Statement

I agree to have the school discipline my child according to Biblical standards set forth in God's Word.

## 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, registration fees are not refundable. Tuition paid will not be refunded unless the withdrawal is due to a change of address outside of Richmond county.

## 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 the Withdrawal Procedure, and I agree to the provisions set forth in them.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date