



# 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: School Year : \_\_\_\_\_

Birth Certificate, Immunizations, Court Order Docs, Transcript/Report Card, Guardian and Pickup Drivers License, Signed Parent Acknowledgement. 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: \_\_\_\_\_ 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: \_\_\_\_\_