



# Tri-City Christian Academy

2211 W Germann Rd ♦ Chandler w AZ 85286 ♦ Phone 480.245.7902 ♦ Fax 480.245.7908 ♦ www.tcawarriors.org

## STUDENT APPLICATION FORM

For Office Use Only:

Student's Name \_\_\_\_\_  
*First Middle Last Goes By*

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  Male  Female Grades completed at TCA \_\_\_\_\_

Ethnic Origin (optional)  African American  Asian  Caucasian  Hispanic  Native American  Other

Address \_\_\_\_\_  
*Street City State Zip Code*

Home Phone \_\_\_\_\_ Primary Cell \_\_\_\_\_

Primary Email \_\_\_\_\_

Academic Information Applying for Grade \_\_\_\_\_ For Term Beginning \_\_\_\_\_  Fall  Spring

Please list schools currently/previously attended:  
*School Address Dates Grades Completed*

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

Church you now attend: \_\_\_\_\_ Member?  Yes  No

### PARENT (GUARDIAN) INFORMATION

Father/Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_

Mother/Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_

Step-parent/Other Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_

Parents (check one):  Married  Separated  Divorced  Widowed  Single

Student lives primarily with:  Mother & Father  Mother & Stepfather  Father & Stepmother  Other \_\_\_\_\_

Who has legal custody? \_\_\_\_\_

**Your child's registration is not complete until the enrollment tuition is paid and all applicable paperwork is completed, including a notarized emergency form and updated immunization records.**

**By signing this application I agree to abide by the policies and procedures stated in the Parent/Student Handbook. (Available on the TCA website or upon request)**

Signature of Parents: \_\_\_\_\_  
*Father Mother*

(for the student) "It is my desire to attend Tri-City Christian Academy."

Signature of Student: \_\_\_\_\_

Tri-City Christian Academy admits students of any race, color, nationality, or ethnic origin to all the rights, privileges, programs, and activities accorded or made available to students at the school. We do not discriminate on the basis of race, color, nationality, or ethnic origin in the administration of educational policies, admissions policies, athletic programs, or any other school administered programs.

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Date Received: \_\_\_\_\_  
Enrollment Tuition Paid: \_\_\_\_\_  
Emergency Information: \_\_\_\_\_  
Photo Release: \_\_\_\_\_  
State "Blue" Card (K-6): \_\_\_\_\_

Immunizations: \_\_\_\_\_  
Maricopa Affidavit: \_\_\_\_\_  
Physical Exam: \_\_\_\_\_  
Birth Certificate: \_\_\_\_\_  
Transcripts Req/Rec'd: \_\_\_\_\_