

Timothy Christian Academy

A MINISTRY OF THE FIRST BAPTIST CHURCH OF MT. HOLLY

1341 Woodlane Road, Eastampton, NJ 08060
www.tcaschool.com 609-261-9578 fax 609-261-7122

New Student Application 2012-2013

A non-refundable **application fee of \$25 for Preschool/Pre-K applicants and \$50 for K-8 applicants** is required at the time of application. Refer to the **2012-2013 Tuition and Fees** prior to making your selections.

STUDENT INFORMATION: (one form for each student)

Name: _____		
First	Middle	Last
Address: _____		
Street	City	State Zip
Home Phone: _____ - _____ - _____	Birthday: _____	
	Month/Day/Year	
Gender: (Circle One) Male / Female		
Names of Siblings	Age	Attending TCA 2012-2013 (Yes / No)
_____	_____	_____
_____	_____	_____
_____	_____	_____
Grade/Program Applying For: _____	Grade Last Completed in 2012 (if applicable): _____	
Indicate desired schedule (see attached tuition schedule for details)		
PRESCHOOL/PRE-K:	Program (Circle Program & Day):	Preschool or Pre-K Half Day or Full Day
CHECK days requested for attendance.		
M _____ T _____ W _____ TH _____ F _____		
KINDERGARTEN:	(Circle One)	Half Day or Academic Day or Full Day
GRADES 1-8:	(Circle One)	Academic Day or Full Day

(TCA Office Only)

App Rec'd _____	App Fee/Check # _____	Acceptance Date _____
Grade _____	PS: M___ T___ W___ TH___ F___	Academic/Full _____
BC _____	H/IR _____	RC _____ ST _____

EDUCATION INFORMATION: (Complete for Grades K-8 Applicants ONLY)

List all K-8 schools the student has attended beginning with the most current school:

Use additional paper and attach if more space is needed.

Current School: _____ Grade(s): _____ Year(s): _____

School Address: _____

Phone Number: _____

Other School: _____ Grade(s): _____ Year(s): _____

School Address: _____

Phone Number: _____

EDUCATIONAL HISTORY: (Complete for Grades K-8 Applicants ONLY)

Has your child repeated a grade? If yes, please explain. _____

Has your child been suspended or removed from any school for misconduct? If yes, please explain. _____

Does your child have a history of a chronic physical condition, emotional condition, or learning disability that has required, or may require, special attention at TCA? If yes, please explain. _____

Has your child ever been evaluated by a school's child study team? If yes, when? _____

Does your child have a current IEP or ISP? If yes, please provide a copy for review. _____

