

Table Rock Christian School - Admissions Application
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STUDENT INFORMATION

Applying for Academic Year: _____

Applying for Grade: _____

Student's Name: _____
(Last) (First) (Middle)

Nickname: _____

Male: ___ Female: ___ Date of Birth: ___ / ___ / ___ Age: _____

Current Grade: _____

Student's Home Address: _____

City, State, Zip: _____ Home Phone Number: _____

PARENT INFORMATION

Student lives with (please check all that apply):

___ Father ___ Stepfather ___ Other: _____ ___ Father deceased ___ Parents divorced
___ Mother ___ Stepmother ___ Other: _____ ___ Mother deceased ___ Parents separated

Father/Guardian with whom the student lives:

Mother/Guardian with whom the child lives:

Cell Phone: _____

Cell Phone: _____

Business Phone: _____

Business Phone: _____

Occupation: _____

Occupation: _____

Employer: _____

Employer: _____

E-mail address: _____

E-mail address: _____

Information about parent not living with this child, or sharing joint custody:

Name: _____

Relationship to Student: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

May we provide correspondence to this parent via email and other means? ___ Yes ___ No

May we add this parent as an emergency contact? ___ Yes ___ No

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SIBLING INFORMATION

Please list additional siblings on back of sheet

Name	Date of Birth	Current School	Grade	Applying?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PRIOR EDUCATION

Please submit copies of your child's report cards, applicable standardized test results and teacher recommendation form.

Prior School	Address/Phone	Grades Attended
_____	_____	_____
_____	_____	_____

- Have all financial responsibilities been met at prior school? Yes No
- Is applicant eligible to re-enroll at prior school? Yes No If no, please explain: _____
- Has applicant ever been suspended or expelled? Yes No If yes, please explain: _____
- May we contact your previous school for references? Yes No After (date): _____

HEALTH HISTORY

Does your child have any allergies or physical limitations? Please explain: _____

Please list any medication your child may be using during the school year: _____

Has your child had any traumatic experiences (physical or emotional) during the early years about which we should be made aware (ie., head injuries, family deaths, surgeries, serious illness, sibling illness, unconsciousness, etc?):

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PERSONALITY

Describe your child's interests. Which subjects tend to capture his/her interest? What does he/she enjoy doing most at home? _____

What are his/her strengths, both academically and socially? _____

What are his/her weaknesses, both academically and socially? _____

CHOOSING TABLE ROCK CHRISTIAN SCHOOL

Please state the three most significant reasons why you would like your child to attend TRCS: _____

How can TRCS best nurture your child? _____

Where did you learn about Table Rock Christian School? _____

SPIRITUAL INFORMATION

Does your family attend church weekly? ___ Yes ___ No

If yes, what is the name of your church home? _____

How does the fact that TRCS is a "Christ-centered" school impact your decision to apply? _____

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TUITION AND FEES

Name of person(s) responsible for tuition and expenses: _____

Do you intend to remain at TRCS for the entire school year? Yes No

Have you included the \$50 non-refundable application fee? Yes No

POLICY INFORMATION

Acceptance of any child at Table Rock Christian School is a decision of the board and faculty. Acceptance is based on the compatibility of the school, the parents, and the child. Table Rock Christian School reserves the right to determine proper grade placement.

Parents or guardians must furnish accurate and complete information regarding a student’s special learning issues, emotional stability, or physical limitations during the application process. With such accurate information our staff can carefully and prayerfully evaluate how effectively we can meet the needs of each student.

Currently we do not have a program dedicated to the needs of learning disabled or physically handicapped students. However, a student with these types of needs is not automatically denied admission.

Is there anything about your child – academically, physically, or emotionally – that we should be made aware at this time?

NON-DISCRIMINATION POLICY: Table Rock Christian School admits students of any race, color, nationality and ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students at the school. TRCS does not discriminate on the basis of race, color, nationality and ethnic origin in administration of its educational policies, admissions policies and other school-administered programs.

I have completed this application to the best of my knowledge. I fully understand and support the mission of Table Rock Christian School, and release the leadership of TRSC to review and process the information on this Application form after which upon acceptance will be kept on file with the school.

Signature of Parent or Guardian

Date

Signature of Parent or Guardian

Date