

Tampa Bay Christian Academy

APPLICATION FOR ADMISSION

APPLICANT INFORMATION

Date of Application _____ Applying for Grade _____ Applying for School Year 20 ____ - 20 ____

Applicant's Name _____
Last First Middle Preferred Name

Sex: Male Female Birth Date ____ / ____ / ____ Age ____ SSN: _____

Applicant's Home Address _____
Street City

State Zip Code Telephone Number

Applicant's Email Address _____ Race (optional) _____

Applicant resides with: Both Parents Mother Father Legal Guardian Other _____

Has applicant applied for admission to TBCA in previous years? Yes No *If yes, what year(s)* _____

How did you first learn of TBCA? _____

FAMILY INFORMATION

Father's Name _____ Mother's Name _____
Last First Title Last First Title

Preferred Name _____ Preferred Name _____

Home Address _____ Home Address _____
(If different from applicant's) (If different from applicant's)

City, State, Zip _____ City, State, Zip _____

Home Phone _____ Home Phone _____
(If different from applicant's) (if different from applicant's)

Cell Phone _____ Cell Phone _____

Email _____ Email _____

Place of Business _____ Place of Business _____

Position/Title _____ Position/Title _____

Business Address _____ Business Address _____

City, State, Zip _____ City, State, Zip _____

Business Phone _____ Business Phone _____

Work Hours from _____ to _____ Work Hours from _____ to _____

Parents' Marital Status: Married Separated Divorced Parent(s) Deceased Single

Applicant's Name _____
Last First

Who will be responsible for paying tuition and fees? _____

If different from parents listed above complete below

Name _____
Last First Middle Preferred Name

Address _____
Street City
_____ *State Zip Code Telephone Number*

Email Address _____ Relationship to Student _____

Siblings	Date of Birth	Age	School	Current Grade
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Is a language other than English spoken in your home? Yes No *If yes, what language* _____

Grandparent's Name _____ Grandparent's Name _____

Home Address _____ Home Address _____

City, State, Zip _____ City, State, Zip _____

Home Phone _____ Home Phone _____

SCHOOL INFORMATION

Present School: Public Charter Independent/Private Home School

Dates of Attendance _____

Present School Name _____

School Address _____

City, State, Zip _____

Telephone _____ Contact: _____

Have all financial obligations been fulfilled at the school listed above? _____ Yes _____ No

(Please complete if child has attended his/her present school for less than 2 years)

Name of Previous School _____

City, State, Zip _____

Dates of Attendance _____ Grades Completed _____

Have all financial obligations been fulfilled at the school listed above? _____ Yes _____ No

Applicant's Name _____
Last First

Has the applicant skipped any grades? Yes No *If yes, what grade(s)* _____

Has the applicant repeated any grades? Yes No *If yes, what grade(s)* _____

Has the applicant ever been suspended (in school/out of school)? Yes No *If yes, please explain below*

Has the applicant ever been expelled? Yes No *If yes, please explain below*

OTHER INFORMATION

Present Church Name (*optional*) _____

Address _____

City, State, Zip _____

Denomination: _____ Pastor/Leader: _____

Does applicant attend regularly? Yes No Does your family attend regularly? Yes No

If applicant drives and will be parking a car at the school

Vehicle 1 Tag # _____ Vehicle 2 Tag # _____

Make _____ Model _____ Make _____ Model _____

Color _____ Year _____ Color _____ Year _____

EMERGENCY INFORMATION

Insurance Carrier _____ Policy Number _____

Physician: _____ Phone: _____

Address _____

Dentist: _____ Phone: _____

Address _____

(*optional*) Does the applicant's health or disability limit or interfere with the normal performance of everyday activities, including class work, athletics, or other duties? Yes No *If yes, please explain below.*

Applicant's Name _____
Last First

List three relatives/neighbors who will assume temporary care of the applicant if you cannot be reached. They will be identified as pick up and contact individuals. If they cannot drive or live too far away, please do not list them.

Name _____ Relation _____ Phone _____

Name _____ Relation _____ Phone _____

Name _____ Relation _____ Phone _____

List anyone who is **not permitted to pick up the applicant**:

Name _____ Relation _____ Phone _____

Name _____ Relation _____ Phone _____

APPLICANT ESSAYS

To be completed by students applying for grades 5 – 12. Please attach additional sheets if more space is needed. Response must be in the student's own handwriting.

1. Why do you want to enroll at Tampa Bay Christian School?

2. Have you personally accepted Christ as your Savior? Yes No Uncertain

If yes, describe your relationship to Christ and how you came to such a commitment.
If no or unsure, describe why the Christian emphasis at our school appeals to you.

3. It is my desire to attend Tampa Bay Christian Academy. I agree to abide by its rules; and I understand that failure to cooperate in maintaining its ideals of academic and Christian conduct, on or off the school grounds, may result in my dismissal whenever the general welfare requires, even though there may be no specific breach of conduct precipitating suspension.

Student Signature: _____ Date: _____

OUR AGREEMENT TOGETHER

We have read and understand the parent/student handbook and we are in agreement with the policies set forth. We give the school permission for my child to take part in all school activities, including sports activities and school-sponsored trips away from the school premises. We further agree to hold the school and its agents harmless for any liability to my child or guardian or parent thereof because of any claims on behalf of my child against the school or any agent thereof because of any injury or alleged injury to my child. Should legal action, for any reason, be taken against the school or any employee or agent thereof on my child's behalf and the school or its agent not be found at fault, we agree to pay any attorney fees, court fees, damages or other costs that the school or its agent should incur to defend itself against such action. Should legal action be required to collect my account should it become delinquent, we agree to pay any attorney's fees, collection fees, or court fees that the school or its agents should incur.

The administration is hereby given full discretion in the discipline of my child including issuing of consequences, detention, suspension, and expulsion from the school program. Dismissal may result at any time when my child or parents demonstrates by conduct or attitude that he is not in harmony with the rules and regulations, or fails to answer honestly any questions on the registration card or interview.

We understand that the school is a Christian institution and that its tenets, rules and methods are established on that basis. We believe in God and we are open to the teaching of God's word to our children. We agree to uphold and support the high academic standards of the School by providing a place at home for our child to study and by giving our child encouragement in the completion of homework and assignments.

The student will manifest by precept and example the highest Christian virtue and personal decorum, serving as a Christian role model (1 Timothy 4:12) both in and out of school to pupils (Luke 6:40), and as an example to parents and fellow faculty members in judgment, dignity, respect, and Christian living. This includes, but is not limited to, the refraining from such activities as the use of alcohol, tobacco, illicit drugs, and the use of vulgar and profane language (Col. 3:17 KJ, Titus 2:7-8 TLB, 1 Thess. 2:10 TLB, 1 Thess 5:18, 22-23 KJ, and James 3:17-18).

The student further agrees that the Bible dictates the standards for sexual behavior. The unique roles of the male and female are clearly defined in Scripture (Romans 1:24-32). Deviation from Scriptural standards is grounds for termination. (Romans 12:1-2; 1 Cor. 6:9-20; Eph. 4:1-11, 5:3-5; 1 Thess. 4:3-8; 1 Tim. 4:12, 2:19-22; 1 Peter 1:15-16, 2:15-17; 1 John 3:1-3).

We recognize that for our child to make good progress in his work, it is essential that he have confidence in his teacher and the school. Therefore, we will do all in our power to see that our child respects and obeys the school staff and standards. We agree that if our child should become involved in any difficulty with other children, teachers, or staff in the school, we will refrain from complaining to any parent, but with prayerful Christian spirit will register complaints with the teacher or principal.

I request that my child participate in health appraisal activities conducted in school by our Public Health Nurse. The activities include screening for vision and hearing problems, and scoliosis (curvature of the spine). There is no charge for these services.

I give permission for my child to be photographed for use on our school promotional materials, web site page, and year book.

We shall endeavor to support and uphold the principles, practices, and educational policies of the school in every way.

This statement of cooperation will be in effect for as long as my children attend the school.

Father's Signature _____ Date _____

Mother's Signature _____ Date _____

Return Application to:

Office of the Registrar, Tampa Bay Christian Academy 1602 W. Sligh Ave. Suite 100, Tampa, Florida 33604

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