



Partnering with parents to educate students with a biblical worldview to prepare them to live purposefully in the service of God and mankind

25 Milford Circle, Wentzville, Missouri, 63385

## Student Application for 2022-2023

Application Date: \_\_\_\_\_

Please complete and mail to our school office along with the required documents (See end of application)

### Please check the classes for which you are applying:

|   |
|---|
| <p style="text-align: center;"><b>Pre-Kindergarten</b> _____<br/>Tuesday and Thursday Mornings<br/><i>Bible, Math, Phonics, Art, Music, Nature Studies</i></p> <p style="text-align: center;"><b>Pre-Kindergarten with Enrichment</b> _____<br/>Tuesday and Thursday Mornings and Afternoons<br/><i>Bible, Math, Phonics, Art, Music, Nature Studies and Enrichment through play</i></p>  |
| <p style="text-align: center;"><b>Kindergarten</b> ____, <b>Grade 1</b> ____, <b>Grade 2</b> ____, <b>Grade 3</b> ____, <b>Grade 4</b> ____, <b>Grade 5</b> ____</p> <p style="text-align: center;"><b>Essentials</b> (Tuesday and Thursday Mornings: Bible, Math, Language Arts): ____</p> <p style="text-align: center;"><b>Enrichment</b> (Tuesday and Thursday Afternoons: History/Geography, Science/Nature Studies, P.E. Art, Music, Latin): ____</p> <p style="text-align: center;">Both Essentials and Enrichment: ____</p> |
| <p style="text-align: center;"><b>Grade 6</b> ____, <b>Grade 7</b> ____, <b>Grade 8</b> ____,<br/><b>Grade 9</b> ____, <b>Grade 10</b> ____, <b>Grade 11</b> ____, <b>Grade 12</b> ____</p> <p style="text-align: center;">Monday, Tuesday, Thursday full day:<br/><i>Bible, Language Arts, Math, History/Geography, Science/Nature Studies, Logic, other Enrichment Subjects</i></p>   |

Student's name \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last)

Student's "go by" name: (if different) \_\_\_\_\_

Age \_\_\_\_\_ Date Of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender \_\_\_\_\_ (Male/Female)

Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_

Student lives with: (circle all that apply)

Both Father & Mother    Father    Mother    Stepfather    Stepmother    Other

If "other", please explain \_\_\_\_\_

Please check if either applies \_\_\_\_\_ Father is deceased \_\_\_\_\_ Mother is deceased

**Father's name (custodial parent):** \_\_\_\_\_ (First) \_\_\_\_\_ (Last)

Marital status \_\_\_\_\_

Email address \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Name of church where you attend \_\_\_\_\_

Active at church? \_\_\_\_\_ (No/Yes) If "Yes", please explain: \_\_\_\_\_

Average number of hours worked weekly outside of home \_\_\_\_\_

Occupation \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_

Business name \_\_\_\_\_

Last grade of formal education: \_\_\_\_\_

If a graduate of college, list major(s): \_\_\_\_\_

**Mother's name (custodial parent):** \_\_\_\_\_ (First) \_\_\_\_\_ (Last)

Marital status \_\_\_\_\_

Email address \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Name of church where you attend \_\_\_\_\_

Active at church? \_\_\_\_\_ (No/Yes) If "Yes", please explain: \_\_\_\_\_

Average number of hours worked weekly outside of home \_\_\_\_\_

Occupation \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_

Business name \_\_\_\_\_

Last grade of formal education: \_\_\_\_\_

If a graduate of college, list major(s): \_\_\_\_\_

**Nearest relative (in addition to the above parents, in case of emergency)**

Name \_\_\_\_\_ Relation to student \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_

**Please list all children living at home:**

| Name<br><i>(First name only, unless last name is different)</i> | Gender<br><i>(M/F)</i> | Date Of Birth<br><i>MM/DD/YYYY</i> | Age | Grade | Enrolling in TCA?<br><i>(Yes or No)</i> |
|---|------------------------|------------------------------------|-----|-------|---|
|---|------------------------|------------------------------------|-----|-------|---|

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Educational Information:**

1. Please describe the type of instruction that your child has previously received (i.e. home, private, public). Also include the length of instruction (in years) for each type and the name of the last school attended.

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

2. If you homeschooled, please list the curriculum you have used:

---

---

---

3. In general, how would you rate your child's academic ability?

Above Average                      Average                      Slightly Below Average                      Below Average

In which subjects does he/she excel? \_\_\_\_\_

In which subjects does he/she struggle? \_\_\_\_\_

4. In general, how would you rate your child's level of interest in learning?

Above Average                      Average                      Slightly Below Average                      Below Average

What is his/her favorite subject? \_\_\_\_\_

5. Please circle "yes" or "no": Has your child attended with any of the following:

- |   |     |    |
|---|-----|----|
| ● Speech/Language Therapy                       | Yes | No |
| ● Vision Therapy                                | Yes | No |
| ● Occupational Therapy                          | Yes | No |
| ● Physical Therapy                              | Yes | No |
| ● Early Childhood Special Education/First Steps | Yes | No |
| ● Individual/Group Family Counseling            | Yes | No |

Diagnosed with

- |   |     |    |
|---|-----|----|
| ● a hearing or vision impairment  | Yes | No |
| ● Treated/diagnosed with ADD or ADHD  | Yes | No |
| ● Attended academic tutoring or remediation of any kind   | Yes | No |
| ● Received services, accommodations, or modifications from a previous school or cooperative environment | Yes | No |

6. Does the student struggle with...

- |                                  |     |    |
|----------------------------------|-----|----|
| ● Reading fluency at grade level | Yes | No |
| ● Reading Comprehension          | Yes | No |
| ● Memorizing math facts          | Yes | No |
| ● Handwriting/Fine Motor Skills  | Yes | No |
| ● Gross Motor Skills             | Yes | No |
| ● Impulsivity or attention       | Yes | No |
| ● Sensory Processing             | Yes | No |
| ● Social anxiety                 | Yes | No |

If "Yes" to any of these questions, please provide additional information. Use a separate sheet if needed.

---

---

---

(Contact Karen Wall if you have any academic questions related to this questionnaire: kwall @tcamo.com. To ensure your child's success at TCA, it is vital that you communicate academic and emotional struggles - past and present - with your child's teacher.)

7. What virtues would you most like to see developed in your student?

---

---

---

8. Are there any known medical, psychological, mental, emotional, or learning differences that could have any impact on the applicant's ability to flourish in a rigorous academic environment? \_\_\_\_\_

If none, please initial here: \_\_\_\_\_

If yes, please explain:

---

---

---

9. Does your student enjoy working at home to complete their school work? \_\_\_\_\_

If no, please explain

---

---

---

### **Family Questionnaire:**

1. Have both parents attended an information session? \_\_\_\_\_

2. Are you prepared to oversee the off-campus component of homeschooling (including math, language arts, etc.)? \_\_\_\_\_

3. Who will be the main instructor for the student off-campus? \_\_\_\_\_

4. Is either parent, step-parent, or guardian opposed to a Christian education? \_\_\_\_\_

If so, please explain. \_\_\_\_\_

---

---

5. How do you promote spiritual values in the home? Describe the ways in which you integrate your faith into your family's life. \_\_\_\_\_

---

---

---

6. Why did you choose the University-Model to educate your child? \_\_\_\_\_

---

---

---

---

7. Besides the education of your child, how can we, as a school, serve you? \_\_\_\_\_

---

---

---

8. Are your child's grandparents supportive of this model? \_\_\_\_\_  
How? \_\_\_\_\_

9. How can you as a family/mother/father serve us as a school? \_\_\_\_\_

10. How did you find out about our school? \_\_\_\_\_

**Both Parents: Please check one of the following:**

**Parent 1: Name:** \_\_\_\_\_

\_\_\_\_\_ I personally believe in the entirety of the Trinity Christian Academy Statement of Faith.  
\_\_\_\_\_ I personally believe in the Trinity Christian Academy Statement of Faith, except in the following areas. If checking this line, please attach a full explanation of your reasons for difference and/or disagreement. I will not express my beliefs in a way that will cause disunity.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Parent 2: Name:** \_\_\_\_\_

\_\_\_\_\_ I personally believe in the entirety of the Trinity Christian Academy Statement of Faith.  
\_\_\_\_\_ I personally believe in the Trinity Christian Academy Statement of Faith, except in the following areas. If checking this line, please attach a full explanation of your reasons for difference and/or disagreement. I will not express my beliefs in a way that will cause disunity.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Please attach the following documents with your application:*

- Copy of Immunization records, or the medical exemption letter
- Copy of birth certificate
- Recent family picture
- \$75 application fee, most of which is used for our membership to UMSI
- Letter of recommendation from your pastor stating your (preferably both parents, but at least one) involvement at church and length of service at the church.

**Non-Discriminatory Policy for Students and Employees**

Trinity Christian Academy of Missouri, Inc. admits students of any race, color, national, and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national, and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.