



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 2023-2024

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:

<input type="checkbox"/> Pre-Kindergarten: Morning Only	<input type="checkbox"/> Grade 6
<input type="checkbox"/> Pre-Kindergarten: Full Day	<input type="checkbox"/> Grade 7
<input type="checkbox"/> Kindergarten	<input type="checkbox"/> Grade 8
<input type="checkbox"/> Grade 1	<input type="checkbox"/> Grade 9
<input type="checkbox"/> Grade 2	<input type="checkbox"/> Grade 10
<input type="checkbox"/> Grade 3	<input type="checkbox"/> Grade 11
<input type="checkbox"/> Grade 4	<input type="checkbox"/> Grade 12
<input type="checkbox"/> Grade 5	

<u>Pre-Kindergarten - Grade 1</u>	<u>Additional Information:</u>
<input type="checkbox"/> I prefer Tuesday, Thursday.	_____
<input type="checkbox"/> I prefer Wednesday, Friday.	_____
<input type="checkbox"/> Either option can work for us.	_____

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 <i>(First name only, unless last name is different)</i>	Gender <i>(M/F)</i>	Date Of Birth <i>MM/DD/YYYY</i>	Age	Grade	Enrolling in TCA? <i>(Yes or No)</i>
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_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____
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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 Amy Roam, our Learning Consultant, if you have any academic questions related to this questionnaire: aroam@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
- Copy of school records: Academics, Behavioural and Attendance
- \$100 application fee, most of which is used for our membership to UMSI (Maximum: \$250/family)
- 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.