Application for Admission TRINITY CLASSICAL ACADEMY

OF SUMMERVILLE

P.O. Box 3169 Summerville, S.C. 29484 843-327-7444

www.tcasummerville.com

Child's Name:				
	First	Middl	Middle	
Date of Birth:	Age:	Gender:	Grade Applied for _	
Mailing Address:Street			City	Zip Code
Street			City	Zip Code
Telephone:	-			
Current School / Program:	Name of Scho	ool / Program		Grades Attended
Parent's Name:				
		· · · · · · · · · · · · · · · · · · ·	Relationship to Ch	nild
Address:	ROM CHILD'S	City	State	Zip Code
				•
Home Phone:		Widdle Flidhe		
Work/Alternate Phone:		Email:		
Occupation:	L	ocation of Work:		
Parent's Name:			Relationship to Ch	.:1.3
			•	iiid
Address: IF DIFFERENT FF	ROM CHILD'S	City	State	Zip Code
Home Phone:				
Work/Alternate Phone:		Email:		
Occupation:	L	ocation of Work:		
Emergency Contact:				
			Relationship to Child	
Address:				
Street		City	State	Zip Code
Home Phone:		Mobile Phone:		

CHILD'S PROFILE			
Child's Health / Medical Needs:			
Child's Allergies:			
Child's Medication:			
Describe any medical, physical, psych would assist the school & staff.			
Child's Religious Preference (optional): Child'	s Ethnic Origin (optional): _	
Child Resides With:			
Siblings: Name	Age	School / Program Current	ly Attending
Name	Age	School / Program Current	ly Attending
Name	Age	School / Program Current	ly Attending
Was child adopted: YES NO	If yes, at what age:		
Child's Spoken Language(s):			
Child's Daily Routine:			
Child's Responsibilities at Home:			
Child's Interests / Hobbies / Sports:			
Does Child Play a Musical Instrument If yes, which instrument is played:			
Time Spent Watching Television/Mov			Weekly Amount

Please describe your child's learning style, disposition, personality and any other characteristics that would assist the school in best supporting the child while in school: EDUCATIONAL PROFILE How did you come to know about TCA? What are your interests / reasons for choosing TCA? Has child ever repeated or skipped a grade? YES NO If yes, please explain:	Time Spent on Computer / Playing Electronic Games:		
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Has child ever repeated or skipped a grade? YES NO If yes, please explain:	How did you come to know about TCA?		
Has child ever repeated or skipped a grade? YES NO If yes, please explain:	What are your interests / reasons for choosing TCA?		
YES NO If yes, please explain: Has child ever been suspended, expelled or asked to leave another school / program?			
Has child ever been suspended, expelled or asked to leave another school / program?	YES NO If yes, please explain:		
This child ever seen suspended, expended of asked to leave unother sensor/ program.	Has child ever been suspended, expelled or asked to leave	another school / program?	
YES NO If yes, please explain:	YES NO If yes, please explain:		