Student Name:			
	LAST	FIRST	MIDDLE
Address:			
	STREET		
Cabaal diatriat		STATE	ZIP
School district:			
Date of Birth:	/	Social Security #:	
Current Grade:		Grade Entering:	
Phone:		Parent's Cell Phone:	
Parent's E-mail:			
Mother's Name:		Father's Name:	
Application Chec	cklist:		
□ \$50 Registration Fee			
☐ Forms to be submitted 3 days prior to the interview:			
o Completed Emergency Data Sheet			
o Immunization Records Enclosed			
 Student Records/Transcripts and Test Scores 			
 Any pertinent student behavioral reports/disciplinary actions 			
 Pastoral Reference Form 			
□ Student/Family Interview			
 Academic/Financial Planning Meeting with the Staff and Parents 			

o Signed TLCA/Parent and TLCA/Student Agreement Forms