



Triumphant Life Christian Academy Student Application for Admission

Student Name: _____
LAST FIRST MIDDLE

Address: _____
STREET

CITY 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 Checklist:

- ☐ **\$50 Registration Fee**
- ☐ **Forms to be submitted:**
 - ☐ **Completed Emergency Data Sheet**
 - ☐ **Proof of Guardianship/Custody (where applicable)**
 - ☐ **Immunization Records or Copy of Exemption**
 - ☐ **Student Records/Transcripts and Test Scores**
 - ☐ **Any pertinent student behavioral reports/disciplinary actions**
 - ☐ **Pastoral Reference Form (if possible)**
- ☐ **Student/Family Interview**
- ☐ **Academic/Financial Planning Meeting with the Staff and Parents**
 - ☐ **Signed TLCA/Parent and TLCA/Student Agreement Forms**

2017-2018 Emergency Data Forms

Triumphant Life Christian Academy

Student Name: _____ Grade: _____

Address: _____
LAST FIRST INITIAL

Date of Birth: ____/____/____ SSN: _____

Home Phone: _____ E-Mail: _____

Mother's Name: _____ Mother's Cell: _____

Father's Name: _____ Father's Cell: _____

Emergency Contact: _____ Telephone: _____

Emergency Contact: _____ Telephone: _____

Emergency Contact: _____ Telephone: _____

Medical

Physician Name: _____ Telephone: _____

Insurance Company: _____ Telephone: _____

Policy Number: _____ Group Number: _____

Daily Medications: _____

Allergies: _____

Transportation

Any restrictions for who can pick up your child from school? (circle) **Yes/No**

Explain: _____

Include a list of individuals who may pick up your child(ren) without daily notice (other than the parents):

Name: _____ Relationship: _____

Car color: _____ Make/Yr.: _____ Model: _____

Name: _____ Relationship: _____

Car color: _____ Make/Yr.: _____ Model: _____

Name: _____ Relationship: _____

Car color: _____ Make/Yr.: _____ Model: _____



Triumphant Life
Christian Academy
A Comenius Leadership School

Pastoral Reference Form

Name of Student: _____

Reference Submitted By: _____

Church: _____

Address: _____

Phone: _____

So that we may process this student's application to Triumphant Life Christian Academy, please provide us with the following information. We appreciate your honest assessment of the student's strengths and weaknesses. Your response will remain confidential.

1. What is your relationship to the student? _____

2. How long have you known the student? (*Please circle*)

Less than 1 year

1-3 years

4-7 years

7 years or more

Character & Qualities

Please circle the appropriate response.

	Never	Rarely	Sometimes	Often	All the Time	Unknown
Attends Church	1	2	3	4	5	X
Demonstrates Leadership	1	2	3	4	5	X
Encourages those around them	1	2	3	4	5	X
Willingness to help/Servanthood	1	2	3	4	5	X
Involvement with Youth Events	1	2	3	4	5	X
Involvement in the Community	1	2	3	4	5	X
Operates in Spiritual Giftings	1	2	3	4	5	X
Demonstrates passion for the Lord	1	2	3	4	5	X

	Poor	Fair	Good	Very Good	Excellent	Unknown
Knowledge of Scriptures	1	2	3	4	5	X
Desire for Excellence	1	2	3	4	5	X
Passion for God	1	2	3	4	5	X
Self Discipline	1	2	3	4	5	X
Respect for Authority	1	2	3	4	5	X
Respect for Others	1	2	3	4	5	X
Works well with others	1	2	3	4	5	X
Positive influence on peers	1	2	3	4	5	X
Motivation	1	2	3	4	5	X
Creativity/original thought	1	2	3	4	5	X

Please provide any further information that would be helpful in assessing this student's application to Triumphant Life Christian Academy:

We appreciate your taking the time to fill out this reference form. Please note that this application will not be processed until this reference form is in. Please return completed form to the following address:

Triumphant Life Christian Academy
5651 Perry Highway
Erie, PA 16509

Phone: (814) 464-1554
Fax: (814) 864-3984 (call school first)