



TRIAD BAPTIST CHRISTIAN ACADEMY

1175 South Main Street • Kernersville, NC 27284 • (336) 996-7573 ext.112 • (336) 996-9791 Fax • www.tbcanow.org



Student's Information

Applying for Grade: _____ Application Type (circle): New Student Sibling Former Student TBCA Pre-K Student

Last Name: _____ First Name: _____ Middle Name: _____

Preferred Name: _____ Date of Birth: _____ Gender: M or F Race*: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone : _____ Guardian Email Address: _____

* TBCA asks for student racial information for statistical purposes only.

Father's Information

Marital Status: ()Married ()Widower ()Separated ()Divorced ()Remarried

Father's Name: _____

Last

First

Middle

Suffix

Preferred Name: _____ Title: _____ Home Email Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Cell Phone: _____

Company Name: _____ Job Title: _____ Business Phone 1: _____

Business Phone 2: _____ Ext. _____ Business Email: _____

Emergency Contact? Yes or No Allowed to pick up child? Yes or No

Lives with student (Y/N)___ Receives correspondence (Y/N)___ Responsible for tuition (Y/N)___

Paternal Grandparents

Name(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone Number: _____

Mother's Information

Marital Status: ()Married ()Widower ()Separated ()Divorced ()Remarried

Mother's Name: _____

Last

First

Middle

Suffix

Preferred Name: _____ Title: _____ Home Email Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Cell Phone: _____

Company Name: _____ Job Title: _____ Business Phone 1: _____

Business Phone 2: _____ Ext. _____ Business Email: _____

Emergency Contact? Yes or No Allowed to pick up child? Yes or No

Lives with student (Y/N)___ Receives correspondence (Y/N)___ Responsible for tuition (Y/N)___

Maternal Grandparents

Name(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone Number: _____

Custody Information

If parents are separated or divorced, who has legal custody? _____

In the event of sole primary custody, the school requires copies of the custodial legal documents to be provided to the Admissions Office at the time of application. If during the time of enrollment legal custody arrangements change, I understand I must provide TBCA with current legal documents supporting the change.

Other than parents/guardian, list any other individual that can receive information on grades or payment:

Name: _____ Relationship: _____ Phone Number: _____

Name: _____ Relationship: _____ Phone Number: _____

Church Information

What church do you attend? _____ Are you a member? _____ For how long? _____

How often does each member attend? Regularly (3-4 Sundays per month), Occasionally (once or twice per month), Rarely (4 times per year)

Father: Regularly Occasionally Rarely **Mother:** Regularly Occasionally Rarely
Student: Regularly Occasionally Rarely **Notes:** _____

Sibling Information

List names, ages, grades, and schools attending (including preschoolers) of all children in your family:

- 1. _____ Age: _____ Grade: _____ School: _____
- 2. _____ Age: _____ Grade: _____ School: _____
- 3. _____ Age: _____ Grade: _____ School: _____
- 4. _____ Age: _____ Grade: _____ School: _____

Emergency Contacts (other than parents):

Contact Name: _____ Relation: _____ Allowed to pick up child? Yes or No

Home Phone: _____ Business Phone: _____ Cell Phone: _____

Contact Name: _____ Relation: _____ Allowed to pick up child? Yes or No

Home Phone: _____ Business Phone: _____ Cell Phone: _____

Contact Name: _____ Relation: _____ Allowed to pick up child? Yes or No

Home Phone: _____ Business Phone: _____ Cell Phone: _____

Pickup Contacts:

(People authorized to pick up your child from school other than parents or emergency contacts)

Contact Name: _____ Relation: _____ Phone Number: _____

DL#: _____ Tag: _____ Notes: _____

Contact Name: _____ Relation: _____ Phone Number: _____

DL#: _____ Tag: _____ Notes: _____

Contact Name: _____ Relation: _____ Phone Number: _____

DL#: _____ Tag: _____ Notes: _____

Medical Contacts:

Physician: _____ Phone Number: _____ City Located: _____

Dentist: _____ Phone Number: _____ City Located: _____

Hospital: _____ Phone Number: _____ City Located: _____

Insurance: _____ Phone Number: _____ Policy Number: _____

I give permission to TBCA that in the case of an emergency and TBCA can not reach the Mother or Father, TBCA may contact any person listed on the Emergency Contact list to have knowledge of the emergency situation. I understand that by listing the above emergency and pickup contacts, I am giving permission, at any time, for those listed above to pick up my child from school. I understand that the person(s) listed above will remain on my child's emergency and pickup list until I remove them by completing an update form for my child's file.

Signature of Father or Guardian Date

PRINT Father's or Guardian Name Date

Signature of Mother or Guardian Date

PRINT Mother's or Guardian Name Date

Mission Statement

“At Triad Baptist Christian Academy it is our desire to assist and support the parent in laying a foundation that will help each child choose Christ as their personal Savior, increase in academic knowledge with a Christian worldview, and develop talents according to his or her God-given potential.”

YES NO

_____ Do you understand and agree to partner with the above Mission Statement of TBCA?

Parent Questionnaire and Commitment

1. How did you hear about TBCA? _____

2. Considering the goals for your student, why would you like your child to attend TBCA? _____

3. Has your child ever been referred to a resource teacher? If yes, please provide date and reasons for referral. _____

4. Has your child ever had modifications made in the classroom? _____

5. Has your child ever been administered psychological, behavioral, or academic testing to determine if he/she is gifted, has a learning disability, ADD, ADHD, behavioral, neurological, sensory, or emotional disorder? _____ If yes, please provide dates, test results, evaluations, IEP reports, etc. This information is not routinely part of the cumulative folders and must be requested by the parent/guardian from the resource teacher or school counselor. _____

6. Is your child presently taking any medication for medical or learning problems? _____ If yes, please provide kind of medication, dosage, and frequency. Please provide a copy of a medical evaluation, which must be within the last twelve months. _____

7. Does your child have any allergies? _____ Please list all: _____

8. Does your child have any health problems? _____

9. Does your child have normal or corrected vision? _____ Does your child have normal hearing? _____

10. Has your child ever been recommended for tutoring or remedial instruction? _____ If yes, please provide dates and areas of remediation along with written evaluations. _____

11. Has your child ever repeated a grade? _____ Which grade? _____ Please explain. _____

12. Has your child ever been suspended or dismissed from school? _____ Please explain. _____

13. Has your child had disciplinary difficulty in his/her previous school? _____

14. Is your child a ward of the court? _____ Has your child been under the jurisdiction of the court? _____

Has your child committed a felony? _____

15. Is there any additional information that Triad Baptist Christian Academy should be aware of when considering this student for enrollment? _____

I verify that all the above information is accurate and true with no revisions to be made.

Signature of Father or Guardian

Date

Signature of Mother or Guardian

Date

PRINT Father’s or Guardian Name

Date

PRINT Mother’s or Guardian Name

Date

Statement of Permission

Please initial by each line below:

_____ In case of emergency or illness, we request the school contact us first. If we are not available, please contact the designated emergency contact. If the emergency contact cannot be reached, the school has our permission to make whatever arrangements deemed necessary for our child(ren)'s treatment. If the emergency is life-threatening, emergency personnel will be contacted in addition to contacting us or an emergency contact if we cannot be reached.

_____ Nearest hospital or _____ hospital.

_____ I understand that my child will be recorded by video surveillance equipment.

_____ I have read, understand and agree with the Statement of Cooperation of TBCA.

This agreement and authorization is valid for the duration of my child's enrollment with Triad Baptist Christian Academy. I certify that the information I have provided regarding my child is true and accurate. We understand that Triad Baptist Christian Academy reserves the right to verify this information independently, and if answers are found to be false or if information has been withheld the child is subject to immediate dismissal at the parents expense. We understand by turning in this application and the accompanying fee does not enroll our child into the Academy but begins the application process with Triad Baptist Christian Academy. If our child is accepted for admission, we agree to adhere to all rules and regulations established by the school including payment of school fees as stated in the TBCA Parent/Student Handbook. As stated in the Statement of Cooperation, we understand that the school reserves the right to dismiss our child for lack of cooperation on the part of the student, parent and/or guardian. Admission to Triad Baptist Christian Academy is a privilege and not a right.

Signature of Father or Guardian

Date

Signature of Mother or Guardian

Date

PRINT Father's or Guardian Name

Date

PRINT Mother's or Guardian Name

Date

Referral Information: If applicable, please list below the name of the family that referred you to Triad Baptist Christian Academy.

Referred by: _____ Date: _____

All referrals must be new to Triad Baptist Christian Academy, and their name must be listed on the initial enrollment application. To receive the referral discount the family must not attend any TBC ministry currently or in the past (for example, Afterschool and Preschool).

Submission of application does not guarantee enrollment. You will be notified by mail of acceptance or denial to Triad Baptist Christian Academy after the application process is completed.

Application and Fee Information

A non-refundable application fee of \$100.00 is due upon submission of this application. If accepted, a non-refundable registration fee of \$200.00 is due before enrollment can be processed. Please see the schedule of fees for reference.

Thank you for applying to Triad Baptist Christian Academy.



Statement of Nondiscrimination

Triad Baptist Christian Academy admits students of any race, color, sex (male or female), 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 in the administration of its educational policies, scholarships, athletic activities and other school administrative programs.

OFFICE USE ONLY		
Date Submitted: _____	Time Submitted: _____	Application Fee: _____ Check _____ Cash
Testing Date: _____	Interview Date: _____	Accepted or Denied: _____
Letter Date: _____	Finance Meeting Date: _____	Withdrawal Date: _____
Office Initial: _____		