

APPLICATION FOR ADMISSION

-Please print with pen or type-

STUDENT INFORMATION

Student's Full Name: _____
Last First Middle

Preferred Name: _____ Male/Female Present Age: _____ Birthday ____/____/____

Social Security Number: _____ Present Grade: _____ Applying for grade: _____

For School Year: _____ -- _____ Race: _____ STUDENT CELL PHONE NUMBER: _____

(If applicable)

If applying for 3 year old PK, circle: 3-day 5-day Extended care? (7:30-5:30) _____

If applying for 4 year old PK, circle: 3-day 5-day Extended care? (7:30-5:30) _____

If applying for Kindergarten: Full day

For grades K-5: Will you need after school care (7:30-8:30/3:30-5:30) "Primetime" for your child? Yes No

For grades K-5: Will you need morning care (7:30-8:30) care for your child only? Yes No

FAMILY INFORMATION

Full Name of Parent(s) or guardian(s) with whom child is living: _____

Are both parents living? ____ Yes ____ No ____ Married ____ Separated ____ Divorced ____ Remarried

If student's parents are divorced, which parent has legal/financial responsibility? _____

Please provide TCS with a copy of any legal guardianship documentation pertaining to visitation.

Father/Step-Father Information (Please circle one)

Full name: _____ Preferred Name: _____

Address: _____
Street City State Zip

Place of employment: _____ Occupation Title: _____

Work Address: _____
Street City State Zip

Home phone: (____) _____ - _____ Business phone: (____) _____ - _____

Cell phone: (____) _____ - _____ Email address: _____

Mother/Step-Mother Information (Please circle one)

Full name: _____ Preferred Name: _____

Address: _____
Street City State Zip

Place of employment: _____ Occupation Title: _____

Work Address: _____
Street City State Zip

Home phone: (____) _____ - _____ Business phone: (____) _____ - _____

Cell phone: (____) _____ - _____ Email address: _____

CHURCH AFFILIATION AND CURRENT PARTICIPATION

Name of Church your family attends: _____ Members? Yes No

Do you and your family attend services/activities regularly? _____

For Preschool Parents Only:
Parent Signature: _____

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OTHER CHILDREN IN FAMILY

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Grandparent Name (s), and Address: _____

Grandparent Name (s), and Address: _____

SCHOLASTIC INFORMATION

Current school attending: _____ Type of school: _____

Grades Attended: _____ Phone: (____) _____ - _____ Principal/Head of School: _____

Address of School: _____
Street City State Zip

Reason for leaving: _____

Is the student able to return? _____ Yes _____ No *Is the student under disciplinary action at this time?* Yes No

OTHER SCHOOLS ATTENDED

Name of School	Location	Grades	Dates
_____	_____	_____	_____
_____	_____	_____	_____

Has your child ever been suspended from any school or asked to leave? _____ Yes _____ No

If Yes, please explain: _____

Describe your expectations of Texoma Christian School in regard to your child's education: _____

Please describe your parental perspective on your child. Include your child's strengths and abilities and special areas of interest as well as areas of concern, and his or her relationship with God. We appreciate your assistance in helping us to know your child better. _____

NEW FAMILY APPLICANT REQUIREMENTS

- *Return the completed application with the non-refundable application fee and testing fee, and copies of the following documents: student's birth certificate if 10 or under, immunization records, student's most recent standardized test scores, the last two years of report card. All items must be returned to the Director of Admissions beginning March 1.*
- *Texoma Christian School admits students of any race, color, national or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. TCS does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational policies, tuition assistance, athletic and other school-administered programs.*

1/29/2008

For Preschool Parents Only:
Parent Signature: _____

Statement of Cooperation, Emergency Card and Doctor's Information

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Applicant's Name: (LAST) _____ (FIRST) _____ (MIDDLE) _____

Grade Entering: _____ Date of Birth: _____ Age: _____ Place of Birth: _____

PERMISSION TO PUBLISH ADDRESS/Photos & Marketing Materials

TCS publishes a directory of students that is distributed to each TCS family. To be included, please check:

TCS **may** publish _____ address _____ phone number in school directory
TCS **may NOT** publish _____ address _____ phone number in school directory

From time to time TCS likes to display class pictures, group pictures, or possibly your child's photo in conjunction with an activity they were involved in on our website, the newspaper, or TCS marketing brochures. We will not include personal information with this (i.e. name or address). Please sign below if you give your permission to post a photograph of your child.

I give permission to publish a photograph of my child in conjunction with a TCS activity on the website, newspaper, or marketing materials. (Please sign line above)

INFORMATION SOURCE

How did you hear about Texoma Christian School? (Please circle) **Newspaper** **Phone book**

Television ad **Mailer/postcard** **Friend/relative** **TCS parent** **Other:** _____

Please list any TCS families who referred you to TCS _____

RESTRICTED PICK-UP AND EMERGENCY CONTACT

The following individuals are the only people who have permission to pick up my child from the premises of TCS: (It will be helpful for teachers and staff if, when listing names for pick up, you would include any "special" name your child may call them, i.e., "Nanna", "Pawpaw", "Mimi", etc.) **They must have a TCS sticker displayed on their vehicle.**

- 1. _____ 4. _____
- 2. _____ 5. _____
- 3. _____ 6. _____

Whom should we contact in case of emergency?

Name: _____ Relationship: _____ Phone number: _____

Name: _____ Relationship: _____ Phone number: _____

MEDICAL INFORMATION AND CONSENT

Name and explain any health condition(s), past or present, which need to be brought to the school's attention in order to safeguard this applicant at school (e.g. diabetes, seizures, asthma, emotional disorders, educational challenges, etc.) or which restrict physical activity: _____

Is the applicant taking any prescription medications? _____ YES _____ NO	
Specify: _____	
Has the applicant been tested for any of the following? (please check) <i>Please provide the school with a copy of test scores and recommendations from the evaluator(s).</i>	
_____ Speech/language	_____ Attention Deficit Disorder
_____ Learning Disabilities	_____ Attention Deficit Hyperactivity Disorder
_____ Emotional Issues (which affect learning)	_____ Other _____

Statement of Cooperation, Emergency Card and Doctor's Information

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MEDICATION ADMINISTERED: Any medication sent from home, prescription and non-prescription, must be accompanied by a written note from the parent or guardian stating times and dosages to be administered. All prescription medications must be in the original container and properly labeled with the student's full name. Sample medications must be accompanied by a doctor's written order.

Doctor's name _____ Phone _____

Address _____

Medical Insurance _____ Policy number _____

May the school give your child acetaminophen (Tylenol)? YES NO Please call me first.

Ibuprofen YES NO Please call me first

Cough drops YES NO

Benadryl cream YES NO

Allergies _____

Special Medications _____

In case of an emergency, we will seek the assistance of a qualified doctor, dentist or emergency personnel. Please sign to indicate your acceptance of this policy:

The undersigned as the parent/guardian(s) of _____ do hereby consent to any and all medical/surgical treatment, anesthesia, or operations, which may be deemed advisable by any qualified doctor by the agents of Texoma Christian School. The intention hereof is to grant authority to administer and to perform singularly any examinations, treatments, anesthetics, operations and diagnostic procedures that may be now, during the course of the patient's care, deemed advisable or necessary by any qualified medical doctor.

Parent/Guardian Signature _____

Date _____

STATEMENT OF COOPERATION

I have read the school's STATEMENT OF FAITH and I recognize that this statement is the foundation of Texoma Christian School's educational program.

As the parent/guardian(s) of the student applicant named herein, I agree with the mission statement and the philosophy of Texoma Christian School. I agree that upon acceptance of the herein-named student, I will pledge myself to work with TCS staff, administration and faculty within these statements to the betterment of our student and to assist and cooperate with the school in the Christian education of my child. I understand that the enclosed application/testing fee is non-refundable as well as any pre-paid tuition.

I give Texoma Christian School permission to transport my child for planned school activities and school sponsored trips away from school property. I further agree to hold the school and its agents harmless for any liability to my child because of any claims on behalf of my child against the school or its agents because of any injury or alleged injury to my child resulting from negligence of others. If legal action should, for any reason, be taken against Texoma Christian School or its agents/employees, on behalf of my child, and the school or its agents/employees not be found at fault, I agree to pay any attorney fees, court fees, damages, or other costs Texoma Christian may incur to defend itself against such action.

I further understand and acknowledge that continued enrollment of my child, if admitted to TCS, shall be subject to the payment of all fees and charges set forth on the schedule of fees as periodically amended by TCS. I understand that all tuition payments are handled through the FACTS program unless paid in full prior to the beginning of the school year. The school reserves the right to withhold academic records until all tuition and/or fees are paid in full. My child will comply with the school's code of conduct and policies established by TCS.

Parent/Guardian Signature _____

Date _____

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