

TRI-CITY CHRISTIAN ACADEMY
A Ministry of Tri-City Baptist Church
2211 West Germann Road, Chandler, Arizona 85286-6799
480-245-7902
www.tcawarriors.org

For Office Use Only:

APPLICATION FORM

Child's Name _____
First Middle Last Goes by

Sex: _____ Age: _____ Birthdate: _____ Home Phone: _____

Address: _____
Street City State Zip code

Parent's e-mail address: _____

Student's e-mail address: _____

Grade to enter: _____ When to begin: _____ Grades already attended at TCA: _____

Schools attended prior to TCA:

School name	Address	State	Zip	Phone	Grades attended

School name	Address	State	Zip	Phone	Grades attended

Parents (check one): _____ Married _____ Separated _____ Divorced (Who has legal custody? _____)

Father's Name: _____ Social Security #: _____ - _____ - _____

Mother's Name: _____ Social Security #: _____ - _____ - _____

Step-Parent's Name: _____ Social Security #: _____ - _____ - _____

Guardian's Name: _____ Social Security #: _____ - _____ - _____

Church you now attend: _____ Member? Yes No

Your child's registration is not complete until the enrollment tuition is paid and all applicable paperwork is completed, including a notarized emergency form, updated immunization records and copy of birth certificate.

By signing this application I agree to abide by the policies and procedures stated in the Parent/Student Handbook. (Available on the TCA website or upon request)

Signature of Parents: _____
Father Mother

(for the student) "It is my desire to attend Tri-City Christian Academy."

Signature of Student: _____

Tri-City Christian Academy admits students of any race, color, nationality, or ethnic origin to all the rights, privileges, programs, and activities accorded or made available to students at the school. We do not discriminate on the basis of race, color, nationality, or ethnic origin in the administration of educational policies, admissions policies, athletic programs, or any other school administered programs.

FOR OFFICE USE ONLY

Date Received: _____
Enrollment Tuition Paid: _____
Application Form: _____
Emergency Information: _____
Maricopa Affidavit: _____

Immunizations: _____
Physical Exam: _____
Transcripts Requested: _____
Transcripts Received: _____
Birth Certificate: _____