



Tri-City Christian Academy

A Ministry of Tri-City Baptist Church

Christ Centered Educational Excellence Preschool through High School



TRI-CITY CHRISTIAN ACADEMY INTERNATIONAL STUDENT PROGRAM

Tri-City Christian Academy (TCA) is located in the heart of the East Valley in Chandler, Arizona in the Phoenix metropolitan area. TCA consists of a community of 219 families with a staff of approximately 34 educators and office personnel of a superior caliber. TCA was established in 1971 as a ministry of Tri-City Baptist Church and the high school (begun in 1973) was the first private high school in Tempe. Tri-City has a deliberate and consistent pattern of assisting parents in the biblical training of their children with an emphasis on salvation, spiritual growth, and a life of service. Tri-City sponsors a variety of Christian service and mission projects throughout the year. One hundred percent of our 9th through 12th grade students scored at grade level or above in nationally normed tests. An average of 55 percent of students scored in the top quarter of students in the country. We have also had an annual average college acceptance rate of 100 percent over the last five years. Countries represented under our International Student Program include China, Korea, Taiwan and Vietnam. The list of countries represented may vary from year to year.

Mission

Tri-City Christian Academy emphasizes Christ Centered Educational Excellence and strives to assist parents in cultivating Christ-like young people – spiritually, academically, physically, and socially.

Admission Criteria

Tri-City Christian Academy desires to enroll qualified students whose testimony demonstrates consistent, godly Christian living and we welcome international students from all grades. In addition to the application and supporting documents described on the following pages, the following criteria are also required:

- Academic ability and interest (“C” average or higher)
- Good study skills and emotional maturity necessary to adjust to a new language, culture, and educational environment
- English language proficiency (see page 4)

Grade Level Placement

The student’s transcript will be evaluated for transfer of credits for core subjects. The number and types of course credits will determine the student’s grade level placement at the time of admission.

Application Deadlines

May 1 for August admission (fall semester)
October 1 for January admission (spring semester)

Please submit all documents by the above dates; failure to do so will delay the processing of the application. Mail completed application to:

**Tri-City Christian Academy
International Programs
2211 W. Germann Road
Chandler, AZ 85286**

Students should arrive one to three weeks before the actual start of classes unless they need to be tutored in the English language.

Required Application Documents

1. Initial I-20 Application Fee of \$500.00 (One time, non-refundable)
2. Birth Certificate (with English translation)
3. Completed Application for Admission – International student – pages 5-9
4. Principal/Counselor Recommendation Form (Principal, Headmaster, School Counselor) – page 10
5. English Recommendation Form (Most recent English teacher) – pages 11, 12
6. Student Essay – page 13
7. Math Recommendation Form (Most recent Math teacher) – pages 14, 15
8. Pastor Recommendation Form – page 16
9. Proof of Financial Support – letter from employer verifying annual income or letter from bank verifying savings accounts and current balance
10. Official English Transcripts of all academic work completed from grade 7 to present
11. Health History and Physical Examination Forms – pages 17, 18
12. Immunizations Verification Form – page 19
13. After Acceptance: A Chest X-Ray Report (in English) for an x-ray done within 30 days before the student enters the United States.

Applicants who are selected for admission will be provided with the I-20 immigration document. Tri-City Christian Academy is authorized under Federal law to enroll nonimmigrant alien students. When the student arrives, copies of the identification page of the student's passport, the student's copy of the I-20, and the I-94 arrival/departure card will be made.

TUITION AND REQUIRED FEES

Initial I-20 Application Fee (One time non-refundable)	\$500.00
Annual I-20 Processing Fee (Non-refundable, recurs every year after the first year)	\$200.00
2011-2012 Tuition	
Lower Elementary	\$4,550.00
Upper Elementary	\$4,775.00
Grades 7th – 12 th	\$5,025.00
Class Dues	
Grades K3 through 6	None
Grades 7 and 8	\$5.00 per quarter
Grades 9 and 10	\$10.00 per quarter
Grades 11	\$15.00 per quarter
Grade 12	None

Tri-City Christian Academy does have a dress code – see Student Handbook for details.

Insurance – Medical care in the United States is expensive. All non-immigrant students must demonstrate their ability to pay all debts that they incur while in this country. Therefore, students are required to have insurance coverage for accident and illness while they are enrolled at Tri-City Christian Academy.

Payment Schedule – Tuition payments are due by the 15th of each month, beginning on August 15. A late payment fee of \$25.00 will be added to unpaid accounts on the 21st of each month. A 2 ½ percent discount is available if the year's tuition is paid by August 18.

I-20 Application Fee – Covers the cost of application evaluation and document preparation. The fee is non-refundable, even if the student is unable to obtain the appropriate visa.

ENGLISH AS A SECOND LANGUAGE

We look forward to welcoming your child into the student body at Tri-City Christian Academy and want to make their transition as easy as possible for each student.

Upon enrollment, each international student must take an English proficiency test to determine his or her level of ability to use and understand the English language. This test may be taken through the Tri-City ESL Program or Boston Prep Learning Center.

If the results of the test are unsatisfactory, the student will be required to attend tutoring sessions at either Tri-City or the Boston Prep Learning Center for one semester. Parents will be responsible for any fees associated with tutoring and testing. Once students pass the English proficiency test or receive an A or B average in English, they will be allowed to discontinue tutoring sessions.

Please sign the statement below.

* * * * *

I am willing for my student to take the initial English test at Tri-City ESL or Boston Prep. If the results are unsatisfactory, I will pay for supplementary classes in English and make sure this student receives help with his or her school assignments and homework until he or she can satisfactorily pass the English Proficiency Test.

Signature of parent: _____

For Office Use Only
Date Rec'd _____
Fee Paid _____
Ck#/CC/Cash _____
Multi Family _____

TRI-CITY CHRISTIAN ACADEMY
 2211 W. Germann Road • Chandler, Arizona 85286
 Phone: 480-245-7902 • FAX: 480-245-7908
 www.tcawarriors.org

Application for New International Student Admission
 Complete ALL information and include application fee for your application to be considered.
 (Please print or type)

STUDENT INFORMATION

1. **Student's Name** _____
Last First Middle Name

Address: _____

Phone: _____ Fax: 001- _____
Include country, state, and city codes Include country, state, and city codes

Male Female Age _____ Applying for Grade _____ For Term Beginning _____

Date of Birth _____ Birthplace _____ Country of Citizenship _____

Ethnic Origin Caucasian Black Hispanic Indian Asian Other

Please list schools currently/previously attended:

<i>School</i>	<i>Address</i>	<i>Dates</i>	<i>Grades Completed</i>

PARENT(GUARDIAN) INFORMATION

2. **Father/Stepfather/Guardian Name** _____
Circle One Last First Middle Initial

Address: _____

Phone: _____ Fax: 001- _____
Include country, state, and city codes Include country, state, and city codes

Employer _____ Work phone _____

Occupation _____ E-mail _____

Marital Status: Married Separated Divorced Widowed Single

3. **Mother/Stepmother/Guardian Name** _____
Circle One Last First Middle Initial

Address: _____

Phone: _____ Fax: 001- _____
Include country, state, and city codes Include country, state, and city codes

Employer _____ Work phone _____

Occupation _____ E-mail _____

Marital Status: Married Separated Divorced Widowed Single

4. Student lives primarily with: Mother & Father Mother Mother and Stepfather Father and Stepmother
 One Parent Deceased Other _____ Relationship _____

5. Who has legal custody? _____

STUDENT INFORMATION – To be filled out by the student in English.

1. Do you attend church regularly? Yes No Denomination _____

Church Name _____ Pastor's Name _____

Address _____

2. Give your personal testimony, and describe your present relationship with Jesus Christ? (25 words or less).

3. Why do you wish to attend Tri-City Christian Academy (25 words or less)

4. How many years have you studied English? _____

5. How many hours per week do you now spend in English classes? _____

6. Please rank your English ability: Low Average Intermediate Advanced

7. What books have you read in English recently? _____

8. How long do you plan to study in the United States? _____

9. Where do you want to go to college? _____

10. What extra-curricular activities do you enjoy? (sports, music, drama, art, etc.) _____

11.

Have you ever:	YES	NO	If yes, please explain your current attitude toward and/or use of these substances.
Used Alcohol			
Used Tobacco (any form)			
Used illegal drugs or abused drugs of any kind			

12. **COMPUTER/INTERNET USAGE GUIDELINES**

The Internet is an unregulated network of millions of computers that changes and grows constantly. Although students will be using the Internet for supervised educational experiences, it will be very difficult to monitor and screen all information received. Students and parents must be aware of that possibility when students are granted permission to utilize the school's technology resources. All students in grades 7-12 will have access to the computers for instruction or school-related research.

Responsibilities for Computer/Internet Use

- The user exercising his/her right to use hardware/software/Internet as an educational resource shall also accept the responsibility for the preservation and care of that hardware and/or software and for all material received. Only those users who have received training or have prior experience shall be authorized for use.
- It is the user's responsibility to make sure no hardware or software is destroyed, modified, or abused in any way.
- No hardware or software may ever be removed from the room where it is commonly used.
- The user is responsible for not bringing food and drinks into any room containing computers or other electronic equipment.
- The user is responsible for not sharing passwords or allowing use by non-authorized students.
- It is the user's responsibility to abide by copyright laws. Making copies of copyrighted materials is forbidden.
- NO personal software may ever be brought in from outside the school and loaded onto the computers.
- Users have the responsibility to make only those contacts leading to justifiable personal and academic growth on the Internet. Good judgment must be used in determining whether or not a web site being accessed reflects the mission of Tri-City Christian Academy and the Christian values being taught.
- Users have the responsibility to report inappropriate material discovered or received via the Internet.
- Users will accept the responsibility of keeping all pornographic material and files dangerous to the integrity of the network from entering the school via the Internet.
- Under no circumstances will access to chat rooms or game rooms be termed appropriate use.
- E-mail accounts will be available only if they are utilized in conjunction with a school assignment.

DISCIPLINARY ACTION

Disciplinary action for violation of network standards will be applied as deemed appropriate from the following options:

- In instances of damage to hardware or software due to negligence, misinformation, or maliciousness, the student will make full financial restitution.
- Willful misuse of computers or violation of this policy will lead to total loss of computer privileges.
- Students involved in inappropriate or obscene information will lose user privileges and will be subject to disciplinary action as stated in the school's student handbook.

13. **PHYSICAL EDUCATION PROGRAM WAIVER**

The undersigned parent(s) and/or guardian(s) of the student named above, each individually, jointly, and severally, do herewith waive any and all liability or obligation on the part of Tri-City Christian Academy in connection with the participation of the undersigned student in the physical education program of Tri-City Christian School.

It is the purpose of this waiver to relieve and hold harmless said Tri-City Christian Academy from any and all liability in the event the parent(s) and/or guardian(s) of the undersigned student shall

fail to obtain a report of a physical examination of said student prior to his/her participation in the physical education program, where such physical examination would or might have revealed a physical deficiency or condition which might contribute to the injury or harm of the undersigned student while said student is a participant in any physical education program of Tri-City Christian Academy.

14. SPORTS CONSENT

I, we, and each of us individually, jointly and severally, agree to allow the student named above to participate in organized athletics, realizing that such activity involves the potential for injury that is inherent in all sports. We acknowledge that even with the best coaching and supervision, the use of the most advanced protective equipment and strict observance of all rules, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in total disability, paralysis, quadriplegia, or even death.

Understanding each of these facts as stated above, we acknowledge that we have read and understand these warnings, and herewith grant our permission for the student named above to participate in organized sports at Tri-City Christian Academy.

15. USE OF PICTURES CONSENT

By enrolling a student in the Academy a parent (guardian) is giving permission to use their student's image in any promotional material.

PARENT(S) STATEMENT:

I/We understand and agree that Tri-City Christian Academy is a private Christian school where enrollment is a privilege and not a right. I/We certify by signature below that I/we understand the general rules and regulations as outlined above and which are published in the Parent/Student Handbook. In our role as parents and/or guardians, we promise to enforce these rules. I/We understand and agree that violations of any Tri-City Christian Academy rules and regulations will be dealt with by the school Administration and may result in expulsion from Tri-City Christian Academy.

In addition, I agree to accept full responsibility for all obligations that may result from injury incurred by student as a result of participation in any school-sponsored activity. If I cannot be contacted in an emergency, the school is authorized to act in whatever manner is deemed appropriate by school personnel.

If Tri-City Christian Academy is misled or misdirected by the documentation supplied by the applicant for the admission process, the student may be required to withdraw, which may result in termination of the student's visa. In such an event, any and all outstanding balances payable to Tri-City Christian Academy will automatically become due and payable in full, and any prepayments will not be refunded.

I/We hereby certify that I/we have read and agree with the Mission Statement, Philosophy and Doctrinal Statement of Faith as contained in the Parent/Student Handbook and the Computer/Internet Usage Guidelines, Physical Education Program Waiver, and Sports Consent and do affirm that my/our beliefs are consistent with those stated.

Father's (Guardian's) Signature _____ Date _____

Mother's (Guardian's) Signature _____ Date _____

INTERNATIONAL STUDENT RULES:

- Students must obey the laws of the United States and their home country. They must represent their country in a positive manner.
- Students are not permitted to purchase or drink alcoholic beverages.
- Students are not permitted to purchase or use tobacco products.
- Students are not permitted to use illegal drugs or to abuse drugs of any kind.
- Sexual immorality is not allowed. Forbidden activities include sexual contact, possessing or using sexually explicit materials (printed materials, videos/cd's, internet sites, etc.), or visiting pornographic shops or adult theaters.
- Students are not permitted to possess dangerous weapons of any type.
- Each student must live with a guardian.
- Students must show respect for their host families by following family rules, voluntarily helping with family chores, and maintaining confidentiality regarding the families' private concerns.
- Students must follow school rules, attend school daily, complete all school assignments, and maintain at least a "C" average.
- Students must cooperate with school policies as outlined in the *TCA Parent/Student Handbook* and must cooperate with teachers and school authorities. Students must show respect for all faculty and staff and follow their instruction.
- Students must regularly attend church worship services.
- Students must not use inappropriate language.

STUDENT STATEMENT:

By signing this application, I am indicating it is my personal desire to attend Tri-City Christian Academy and I agree to obey all school rules, including rules forbidding swearing, weapons, violence, sexual immorality, and the use, possession or selling of alcohol, tobacco, drugs and narcotics. I understand that all rules apply for the entire year, on and off the Tri-City campus. If I change my mind concerning the general rules, I will voluntarily withdraw from the school. I also realize that if I break the rules, my continued enrollment will be subject to immediate review, and my visa may be terminated. Finally, I understand and agree that my conduct as a student is continuously governed by the rules and regulations as stated in the Parent/Student Handbook, Physical Education Program Waiver, Sports Consent, and Computer/Internet Usage Guidelines.

Student's Signature _____ Date _____

TRI-CITY CHRISTIAN ACADEMY

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PRINCIPAL/COUNSELOR RECOMMENDATION FORM

I. TO THE FAMILY:

Please complete this section and submit the form to your pastor to complete and return directly to the school via e-mail or fax.

Student/Applicant Name _____

Family Name _____

Family Address _____

Telephone _____ (_____) _____ E-mail _____

II. DEAR PRINCIPAL/COUNSELOR:

As part of the application process t Tri-City Christian Academy, we ask our parents to obtain their principal's/counselor's reference. We do this because we believe the Christian training of our students can be most effective when the home has the support systems of both the Christian day school and the church family and programs. By answering the following questions, you enable us to give clearer direction to families seeking entrance into Tri-City Christian Academy. Therefore, please complete the following section and return the form via e-mail or fax. Thank you for your assistance.

1. How long have you known applicant? _____ In what capacity _____

Are you related? _____ Does applicant have a Christian testimony? Yes No

Comment:

2. Description of applicant (circle all that are acceptable)

Behavior well-behaved, needs discipline, respects authority, does not respect authority, ambitious, Over-aggressive, retiring

Peer Influence very good, good, indifferent, bad, very bad

Attitude emotionally stable, emotionally erratic, optimistic, pessimistic, self-centered, considerate

Characteristics studious, athletic, social, musical, mechanical, artistic

Leadership leader, follower *If a leader, what evidence has been demonstrated?*

3. In what church activities does applicant participate? (circle all that are applicable)

music, teaching, counseling, does not participate other _____

4. Make a brief statement concerning applicant's relationship with his/her family, i.e. respectful, rebellious, etc.

5. Have you known this applicant to use narcotics, tobacco, or alcohol? If so, please explain.

6. Would you recommend admitting this student to a Christian school?

yes no with reservations

7. Please use back of form for any additional information which you feel might help us in our evaluation.

Printed Name _____ Signature _____ Position _____ Date _____

Church _____ Address _____ Phone _____

E-Mail Address _____ FAX _____

NOTE: If you wish this information to remain confidential, please indicate by signing below.

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ENGLISH RECOMMENDATION – To be completed by the most recent English teacher

I TO THE FAMILY:

Please complete this section and submit the form to your principal or counselor to complete and return directly to the school via e-mail or fax.

Student/Applicant Name _____

Applicant has studied English for _____ years and _____ months.

Family Name _____

Family Address _____

Telephone (_____) _____ E-mail _____

II DEAR TEACHER:

As part of the application process at Tri-City Christian Academy, we ask our parents to obtain a teacher reference. By answering the following questions, you enable us to give clearer direction to families seeking entrance into Tri-City Christian Academy. Therefore, please complete the following section and return the form via e-mail or FAX. Thank you for your assistance.

2. Description of applicant (circle all that are acceptable)

- Behavior* well-behaved, needs discipline, respects authority, does not respect authority, ambitious, Over-aggressive, retiring
- Peer Influence* very good, good, indifferent, bad, very bad
- Attitude* emotionally stable, emotionally erratic, optimistic, pessimistic, self-centered, considerate
- Characteristics* studious, athletic, social, musical, mechanical, artistic
- Leadership* leader, follower *If a leader, what evidence has been demonstrated?*

3. How would you rate this applicant academically?

above average, average, below average, capable of better work

4. Describe student's academic effort including following instructions, attentiveness, etc.

5. Have you known this applicant to use narcotics, tobacco, or alcohol? If so, please explain.

6. Would you recommend admitting this student to a Christian school?

yes no with reservations

7. Reading: Given an American newspaper or magazine article of at least 5 paragraphs, the student is able to:

- _____Excellent Reads aloud with few errors and explain the meaning clearly and completely (understands 7-8 out of every 10 words).
- _____ Good Reads aloud except for difficult terms or place names, and explain most of its meaning (understands 7-8 out of every 10 words).
- _____Fair Reads most of the basic vocabulary and explains the basic idea of the article (understands 5-6 out of every 10 words).
- _____ Poor Reads and understands only the simplest words (understands 1-4 out of every 10 words) and can explain little or none of the article's meaning.

8. When asked to write a short essay, telling about himself and his family, he or she:

- | | |
|-----------------|--|
| _____ Excellent | Writes with near fluency, using lengthy sentences, abstract terms, and strong vocabulary. Uses English grammar well. |
| _____ Good | Uses good vocabulary, sentences are lengthy and logical, but grammar is sometimes irregular. |
| _____ Fair | Can make only simple sentences using limited or basic vocabulary. Grammar is extremely irregular, but understandable. |
| _____ Poor | Does not make complete sentences or uses short sentences with limited vocabulary. It is difficult to understand what the student means at times. |

9. What are the applicant's major strong points?

10. What are the applicant's major weaknesses?

11. List any special awards, honors, or achievements the applicant has received in his or her study of English.

12. I recommend this applicant for college-preparatory level work

- without reservation with reservation not at all

Printed Name/Signature/Position

Date

School

Address

Phone

E-mail Address

FAX

NOTE: If you wish this information to remain confidential, please indicate by signing below.

STUDENT ESSAY

Name of Student _____

Please select one of the following subjects, and write a 150-250 word response in English. Attach additional pages as needed.

- Describe a person you admire or who has influenced you in a positive way.
- Describe the qualities you like best about yourself.
- Describe your favorite place, and explain why it is important to you.

Student's Signature

Date

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MATH RECOMMENDATION – To be completed by the most recent math teacher

I TO THE FAMILY:

Please complete this section and submit the form to your principal or counselor to complete and return directly to the school via e-mail or fax.

Student/Applicant Name _____

Applicant has studied English for _____ years and _____ months.

Family Name _____

Family Address _____

Telephone _____ (_____) _____ E-mail _____

II DEAR TEACHER:

As part of the application process at Tri-City Christian Academy, we ask our parents to obtain a teacher reference. By answering the following questions, you enable us to give clearer direction to families seeking entrance into Tri-City. Therefore, please complete the following section and return the form in the envelope provided or via FAX. Thank you for your assistance.

1. How long have you known applicant? _____ In what capacity? _____

2. Description of applicant (*circle all that are applicable*)

Behavior well-behaved, needs discipline, respects authority, does not respect authority, ambitious,
Over-aggressive, retiring

Peer Influence very good, good, indifferent, bad, very bad

Attitude emotionally stable, emotionally erratic, optimistic, pessimistic, self-centered, considerate

Characteristics studious, athletic, social, musical, mechanical, artistic

Leadership leader, follower

If a leader, what evidence has been demonstrated?

3. How would you rate this applicant academically?

Above average, average, below average, capable of better work

4. Describe student's academic effort including following instructions, attentiveness, etc.

5. Have you known this applicant to use narcotics, tobacco, or alcohol? If so, please explain.

6. Would you recommend admitting this student to a Christian school?

yes no with reservation

7. Briefly describe your course:

8. What would be the most appropriate math placement for the student next year?

- General Math Geometry Calculus
- Pre-Algebra Advanced Algebra
- Algebra I Pre-Calculus

9. Student's Mathematical Background. The courses listed below suggest a sequence typical of the mathematics curriculum in many U.S. secondary schools. Please check those courses or list others which the student will have completed by the end of the current school year.

- Basic First Year Algebra – does not include extensive study of rational expressions, irrational numbers, and quadratic equations
- First Year Algebra – a thorough course including quadratics
- Geometry
- Second Year Algebra – not including trigonometry
- Second Year Algebra – including numerical trigonometry through the laws of sine and cosine
- Pre-Calculus – including analytical geometry
- Calculus – an introduction
- _____
- _____

10. What are the applicant's major strong points?

11. What are the applicant's major weaknesses?

12. List any special awards, honors, or achievements the applicant has received in his or her study of Math.

13. I recommend this applicant for college-preparatory level work

- without reservation with reservation not at all

Printed Name/Signature/Position

Date

School

Address

Phone

E-mail address

FAX

NOTE: If you wish this information to remain confidential, please indicate by signing below.

HEALTH HISTORY

Student's Name: Last _____ First _____ Middle Initial _____

Date of Birth _____ Sex _____ Grade _____

PARENTS: Please complete all sections on both sides, except section reserved for examining physician.

Y	N	Has this student ever had ...	Y	N	Has this student ever had...	Y	N	Has this student ever had...
		01. Allergies			14. Hearing Trouble			27. Joint Pain
		02. Anemia			15. Heart Murmur			28. Kidney Trouble
		03. Arthritis			16. Hepatitis			29. Menstrual Cramps
		04. Asthma			17. Hernia (<i>Rupture</i>)			30. Migraine Headaches
		05. Back Pain			18. Hives			31. Mononucleosis
		06. Concussion			19. Dislocations/Sprains			32. Rheumatic Fever
		07. Loss of Consciousness			20. Ankle Injury			33. Scoliosis
		08. Diabetes			21. Elbow Injury			34. Sinus Trouble
		09. Eczema			22. Knee Injury/Surgery			35. Sore Throat (<i>Chronic</i>)
		10. Emotional Problems			23. Neck Injury			36. Tuberculosis
		11. Epilepsy (<i>Seizures</i>)			24. Spine Injury			37. Valley Fever
		12. Fainting			25. Wrist Injury			38. Other
		13. Operations			26. Fractures			

PLEASE EXPLAIN COMPLETELY EVERY "YES" ANSWER ABOVE:

If student has to stop while running the half-mile, explain: _____

If student has prolonged absences from school, state why and when: _____

If now under a doctor's care, list reason and doctor's name: _____

Sports from which student is to be excluded : _____

Date of last Tetanus Booster: _____ Chest X-Ray: _____

Name of Family Insurance: _____

If emergency service involving medical action or treatment is required, and neither the parents nor guardians can be contacted, the undersigned herewith consents for the student named above to be given medical care by a doctor selected by the school. Any intentional omission or falsification of this form may subject the parents to full liability for any subsequent injury, or may cause the student to be removed from sports participation.

Mother/Guardian Name: _____

Home Phone #: 011- _____ Work Phone #: 011- _____

Father/Guardian Name: _____

Home Phone #: 011- _____ Work Phone #: 011 _____

Parent/Guardian Signature: _____ Date _____

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PHYSICAL EXAMINATION

Student's Name: Last _____ First _____ Middle Initial _____

Date of Birth _____ Sex _____ Grade _____

List all expected sports participation:

- 1. _____ 2. _____
- 3. _____ 4. _____

**PHYSICAL EXAM REQUIRED BY ALL STUDENTS
TO BE COMPLETED BY PHYSICIAN**

Height _____ Eyes _____ R _____ L (Without correction)

Weight _____ Eyes _____ R _____ L (With corrective lens)

Heart _____ Lungs _____ Blood Pressure (*right arm, sitting*) _____

Abdomen _____ Hernia _____ Pulse/Resting _____ 2 Min _____

Spine/Neck _____ Hip/Knee _____ Ankle/Feet _____ Shoulder _____

Elbow/Hands _____ Genitalia _____ Lymphatics _____

Other _____

LABORATORY (*Only if specifically indicated or required*):

Dip Stick Urinalysis: Albumin _____ Sugar _____ Blood _____

Urinalysis: Specific Gravity _____ HCT _____

Date of last Tetanus Booster _____

Other: _____

IMMUNIZATIONS: (*Only is administered at time of examination*):

- DPT Polio Varicella Tetanus MMR Meningococcal
- Tuberculin: Positive Negative
- Hepatitis B 1 – 2 – 3 (*please circle one*) Other: _____

I certify that I have, on this date, personally examined the above student and that I have found no medical reason why this student should be disqualified from participating in all supervised athletics and physical education classes and activities, except as specifically noted below:

Physician's Signature: _____

Printed Name of Physician: _____ DO MD

Physician's Address: _____

Telephone: (_____) _____ Date: _____

IMMUNIZATION VERIFICATION FORM

Student's Name: Last _____ First _____ Middle Initial _____

Date of Birth _____ Sex _____ Grade _____

The required immunizations and number of doses are listed below. Please record the date of each required dose.

IMMUNIZATIONS	Dose #1 Month/day/year	Dose #2 Month/day/year	Dose #3 Month/day/year	Dose #4 Month/day/year	Dose #5 Month/day/year	Dose #6 Month/day/year
Diphtheria, Tetanus & Pertussis (DtaP/DTP)	Required	Required	Required	Required	Required	Required
Polio Vaccine (IPV/OPV)	Required	Required	Required	Required		
Measles, Mumps, and Rubella (MMR) 12 th grade – only one dose required	Required	Required				
Hepatitis B (Hep B) Not required for 12 th grade	Required	Required	Required			
Tetanus (Td/Tdap)	Within 10 years					
Varicella	Required by 13 years old unless proof of immunity	If first dose given at 13 years of age or later				
Meningococcal	11 years and older					

I verify that this immunization record is accurate.

Physician's Signature: _____

Printed Name of Physician: _____ DO MD

Physician's Address: _____

Telephone: (_____) _____ Date _____

UNITED STATES FAMILY INFORMATION

Please complete this form:

Student's Name: _____

Father's Name _____

Mother's Name: _____

Address: _____

Are you related to the student? Yes No

If yes, how are you related: _____

Amount per year you will charge for room and board \$ _____

Guardian Family Name: _____

Guardian Address: _____

E-mail Address: _____

Home Telephone #: _____

Place of business: _____

Work telephone #: _____

Emergency contact: _____ Cell phone: _____

Name of church: _____

Do you attend on a regular basis: Yes No