

Twin Tiers Christian Academy

640 Main St., Breesport, NY 14816

NEW STUDENT ENROLLMENT APPLICATION

Date _____

Last Name First Middle Sex

Address City State Zip Phone

Date of Birth Grade to be entered Social Security #

If the child is transferring from another school, please give the following:

Name and address of the School: _____

Name of Principal _____ School Phone _____ Current Bus District _____

Does the child have any mental or physical problem that the school and the teachers should know about?

Yes _____ No _____ (If yes, please use the back to explain.)

Has student ever been expelled or suspended from any school? _____ If so, please explain: _____

Statement of Parent or Guardian

In signing this application, I understand that:

1. Within the bonds of God's wisdom and love, the administrator and teacher have full discretion in the discipline of my child as is outlined in the student handbook.
2. Grade placement is at the discretion of the school administrator after consultation with the parents.
3. The school reserves the right to dismiss any student who does not cooperate with the educational and spiritual program of the school.
4. My cooperation is needed in practical help and prayer support in this effort to train our children. We realize that tuition does not cover the entire cost of operating the school. Therefore, we will pray for the school's needs and give as the Lord enables.
5. We agree to make our tuition payments in a timely manner in accordance with our payment plan.

In applying for enrollment of my child, I give permission for him/her to take part in activities sponsored by the school including field trips, athletic events, concerts, etc., away from the school premises. I realize the school does not carry liability coverage on the students and absolve the school from liability due to any injury to my child at school or during away school activities. I also realize every effort will be made by the school to ensure the relative safety of my child.

Signatures: Father (Guardian) _____ **Mother** _____

Office Use Only: Date received _____ Registration Fee (\$50) _____ Reg. Fee (bal). _____ Appl. Fee _____
Transcripts Received _____ Family Info Form _____ Med Release Form _____ Student Questionnaire _____ SMART
_____ School Health Records _____

Twin Tiers Christian Academy

640 Main St., Breesport, NY 14816

CURRENT STUDENT RE-ENROLLMENT APPLICATION

Please list all students to be re-enrolled:

<u>Last Name</u>	<u>First</u>	<u>Middle</u>	<u>Grade to be entered</u>	<u>Date of Birth</u>	<u>Social Security #</u>
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Date _____ Telephone _____ Bus District _____

Mailing Address _____

Does the child have any mental or physical problem that the school and the teachers should know about?

Yes _____ No _____ (If yes, please use the back to explain.)

Any children registered in Horseheads Christian School? _____

Statement of Parent or Guardian

In signing this application, I understand that:

1. Within the bonds of God's wisdom and love, the administrator and teacher have full discretion in the discipline of my child as is outlined in the student handbook.
2. Grade placement is at the discretion of the school administrator after consultation with the parents.
3. The school reserves the right to dismiss any student who does not cooperate with the educational and spiritual program of the school.
4. My cooperation is needed in practical help and prayer support in this effort to train our children. We realize that tuition does not cover the entire cost of operating the school. Therefore, we will pray for the school's needs and give as the Lord enables.
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Signatures: **Father (Guardian)** _____ **Mother** _____

Office Use Only:

Date received _____ Registration Fee (\$50) _____ Reg. Fee (bal.) _____ Family Information Form _____ Medical Release Form _____ Student Questionnaire _____ SMART _____

Twin Tiers Christian Academy

FAMILY INFORMATION FORM

PLEASE PRINT

Date: _____

Father's (Guardian's) Name:

Address, if different from the student's: _____

Telephone: _____ E-mail: _____ Occupation: _____

Have you personally accepted Jesus Christ as your Savior? _____

Mother's (Guardian's) Name:

Address, if different from the student's: _____

Telephone: _____ E-mail: _____ Occupation: _____

Have you personally accepted Jesus Christ as your Savior? _____

Emergency Contacts:

Work phones (if available at work): Father _____ Mother _____

Other: Name _____ Relationship _____ Phone _____

<u>Names of all other Children</u>	<u>Age</u>	<u>Present or Highest Grade</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Name ***and address*** of church currently attending: _____

Phone Number: _____ Pastor's Name: _____

Official member, parent? _____ student? _____ Attend regularly, parent? _____ student? _____

For New Students - Christian References (name and address of two friends other than your pastor):

All families, please state below, or on the back, your reasons for enrolling your child in TTCA:

TWIN TIERS CHRISTIAN ACADEMY
640 MAIN St., BREESPORT, NY 14816
Authorization for Medical Treatment of Minors

Today's Date _____

Name of Minor _____ Birth date _____

We give permission for the above child to travel with TTBHS athletic teams, or any other school sponsored group, to and from games, or other functions, by bus or car if necessary.

In case of emergency we do _____, do not _____ give permission for medical treatment at the nearest medical facility as deemed advisable by the person in charge. This permission is also granted for home games or local events when we cannot be contacted.

Notify us by phone: Home # _____

Father' work # _____ Mother's work # _____

The following medical information may be helpful to the attending physician.

Contact lenses _____ Allergies _____

Date of last tetanus _____ Special Conditions _____

Minor takes special medication (please name) _____

Family physician's name and phone # _____

Hospitalization coverage for above named minor:

Insurance Company or Government Program _____ I.D. or Contract # _____

We give permission for TTCA to administer Tylenol for occasional headaches, injury etc., during regular school hours or during sports or other extra curricular activities.

Yes _____ No _____

Please call us before giving Tylenol:

Yes _____ No, do not need to call _____

We will **NOT** hold TTCA responsible for accident/injury liability either during school hours or extra-curricular activities including sports contests, class trips, and class socials. We realize that the school does have a certain responsibility to our child and understand that TTCA will seek to ensure his or her safety and well-being at all times.

Signatures of **both** parents or guardians are required:

Mother _____ Date _____

Father _____ Date _____

Annual TTCA Student Questionnaire

Dear Prospective TTCA Student:

The board and administration of TTCA are pleased to consider your enrollment in our school. Our desire is to make available to you the very best spiritual and academic opportunity possible. Therefore, we must carefully evaluate each student annually as to his or her attitude toward the Lord, the school and its regulations. It is necessary for the testimony and effective ministry of the school that all students maintain a positive Christian attitude. The Biblical teaching and basic Christian training of the school places upon the student the responsibility to be respectful and obedient at all times. Your cooperation in answering the following questions will help us maintain these standards that are acceptable and honoring to the Lord. Thank you for your cooperation and may the Lord bless you and enable you to love and obey Him to the fullest.

School Administration

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1. Do you consider yourself a “born-again Christian”?
 2. How does one become a “born-again Christian”?
 3. Do you regularly attend church services?
 4. Do you regularly (5 or more days/week) read the Bible and pray?
 5. What personal practices do you believe to be not acceptable for a Christian?
 6. Will you cooperate and do your best in the school’s academic program (including Bible class)?
 7. Have you read the student handbook in its entirety?
 8. Will you cooperate in maintaining the standards of conduct as established by the School Board as stated in the student handbook?
 9. Will you cooperate with the dress code as stated in the student handbook, realizing that certain aspects of it are simply school preference while other areas are based on Biblical principles of modesty?
 10. What is your present goal for your life?
 11. Do you want to attend TTCA? Why?

With the Lord’s help (Phil 4:13, I Thess. 5:24), I will do my best to be a cooperative and respectful student to the glory of God.

Date _____ Grade entering _____ Signed _____