

# TOWER GROVE CHRISTIAN ACADEMY 2018-2019 EMERGENCY/STUDENT ADMISSION FORM

Applicants for admission are considered without regard to sex, race, or national origin. *Please print legibly.*

Student's Name \_\_\_\_\_  
Last First Middle

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Grade \_\_\_\_\_  
MM/DD/YYYY City State or Country Being Applied For

Address \_\_\_\_\_  
Street City State Zip

Home Phone \_\_\_\_\_ Student's Cell # \_\_\_\_\_

**Father**  
Father's Name \_\_\_\_\_ Cell # \_\_\_\_\_  
Employer/Occupation \_\_\_\_\_ Work # \_\_\_\_\_  
Email \_\_\_\_\_

**Mother**  
Mother's Name \_\_\_\_\_ Cell # \_\_\_\_\_  
Employer/Occupation \_\_\_\_\_ Work # \_\_\_\_\_  
Email \_\_\_\_\_

**Emergency**  
*If you cannot be reached, please list the names of two persons (relatives, neighbors, etc.) who will assume temporary care of your child until you are available:*  
Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
Student's Doctor \_\_\_\_\_ Phone \_\_\_\_\_  
Insurance Company \_\_\_\_\_ Group/Certificate # \_\_\_\_\_

**Allergies & Medical**  
List all prescription and over-the-counter medication (i.e. asthma, attention deficit, etc.) that your child takes on a regular basis and the reason for taking it: \_\_\_\_\_  
\_\_\_\_\_

List all conditions that could be serious or life threatening requiring sudden or immediate treatment (asthma, high blood pressure, heart condition, epilepsy, diabetes, fainting spells, hypoglycemia, bee sting, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

Is your child **allergic to any food or drugs**? If so, please list them: \_\_\_\_\_  
\_\_\_\_\_

## Please read and sign the following statement:

*In the case of an emergency situation such as an accident or serious illness, I understand that the school shall attempt to contact me. If I cannot be reached, I authorize the school to contact the doctor listed on this form and follow the doctor's directions. If the doctor cannot be contacted, I authorize the school to take whatever steps deemed necessary.*

\_\_\_\_\_  
Father's Signature Date

\_\_\_\_\_  
Mother's Signature Date

**TO BE COMPLETED BY PARENTS OR GUARDIAN OF NEW STUDENTS ONLY**

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

School Last Attended \_\_\_\_\_

\_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Has applicant ever repeated a grade? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, which grade? \_\_\_\_\_

State reason for repeating \_\_\_\_\_

Does the applicant have any mental, emotional, or physical handicaps which may affect his/her activities or progress, or that for some reason should be known by his/her teacher? (Reply will be held confidential.)  
\_\_\_\_\_

Has applicant ever had any serious discipline problems?

Suspended or expelled from school? Yes \_\_\_\_\_ No \_\_\_\_\_

Brought before the Juvenile Court or law enforcement? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes to any of the above, please explain: \_\_\_\_\_  
\_\_\_\_\_

**Does the applicant live with:**

Father and Mother \_\_\_\_\_ Mother Only \_\_\_\_\_ Father Only \_\_\_\_\_ Parents share equal time \_\_\_\_\_

Number of older siblings \_\_\_\_\_ Number of younger siblings \_\_\_\_\_

Number of sisters \_\_\_\_\_ Number of brothers \_\_\_\_\_

Church now attending or preference –

Father \_\_\_\_\_  
Name of Church \_\_\_\_\_ Member? \_\_\_\_\_ Pastor \_\_\_\_\_

Mother \_\_\_\_\_  
Name of Church \_\_\_\_\_ Member? \_\_\_\_\_ Pastor \_\_\_\_\_

State briefly why you desire your child to attend Tower Grove Christian Academy \_\_\_\_\_  
\_\_\_\_\_

How did you hear about Tower Grove Christian Academy? \_\_\_\_\_  
\_\_\_\_\_

We have read the TGCA Parent-Student Handbook and agree with it. Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_ Father's Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Mother's Signature \_\_\_\_\_ Date \_\_\_\_\_