

# TOWER GROVE CHRISTIAN ACADEMY 2019-2020

## 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 \_\_\_\_\_