



Application for Admission

Date of Application

School Year

Applicant's Name

First

Middle

Last

Preferred Name

Half Day K

Full Day K

Grade Entering

Male

Female

Age

DOB

Place of Birth

US Citizen

Yes

No

Ethnic Background

Information gathered for statistical purposes

Primary language

Spoken at home

Has the student been baptized?

Yes

No

Date

mm/dd/yyyy

Where?

Name of church, city, state

Home Address

House number

Street name

City

State

Zip Code

Student's Home Phone

Student's Cell Phone

If student does not have a cell number, put N/A

Student's Email

If student does not have an email address, put N/A

Student's Health Concerns (Takes medication regularly, wears glasses/contacts, hearing problems, allergies, diabetic, etc.)

Describe

Any conditions which would hinder your student from carrying a full academic load?

Yes

No

If Yes, please explain

Student's Church Membership

Local Church or Religious Affiliation

Denomination

Student's Last School Attended

Date Last Attended

Does the student have an IEP?

Yes

No

(If Yes, please submit a copy to the Registrar.)

Is the student currently expelled or suspended from another school?

Yes

No

(If Yes, please submit an explanation.)

Physician

Name

Phone

Date of last visit mm/dd/yyyy

Dentist

Name

Phone

Date of last visit mm/dd/yyyy

Preferred Hospital

Name

Phone

If these physicians are not available, does the school have your permission to call another doctor?

Yes

No

Parent Information

Parent/Guardian Full Name

Address (only if different from student)

Relationship to Student

Occupation

Employer

Business Phone

Home Phone

Cell Phone

Email

Church Affiliation

Denomination

Place of Birth

US Citizen Yes No

Parents are Married Separated Divorced Widowed Single Who has legal custody? Dad Mom

Whom does the student live with?

Is there a court order concerning custody? Yes No N/A Is there a "No Contact" order? Yes No

Copies of official custody and/or No Contact paperwork must be on file.

If parents cannot be reached, whom may we call in case of emergency? **Parents will always be called first.**

Name Phone

Name Phone

Do you have proof of birth? Yes No Do you have proof of immunization? Yes No

Parent/Guardian Full Name

Address (only if different from student)

Relationship to Student

Occupation

Employer

Business Phone

Home Phone

Cell Phone

Email

Church Affiliation

Denomination

Place of Birth

US Citizen Yes No

The school must be notified if a designated person has been asked to collect your child/children. The designee must present a valid driver's license before the child/children will be released into his/her care.

My child will come to and from school by Family Car Car Pool

Regular Car Pool Driver(s)

(initial) NON-REFUNDABLE APPLICATION FEE, REGISTRATION, and FIRST MONTH'S TUITION—I understand the reapplication fee, registration, and first month's tuition is non-refundable and non-transferable.

(initial) Library & Textbook Lending—I, the parent, agree that if any textbooks or library books assigned to my child become damaged, misused beyond normal wear and tear, or are lost, that I will pay for the replacement cost.

(initial) Due Process—Rules and policies announced by the administration during the school year will take precedence over statements previously printed in the handbook.

(initial) Consent to Treat—I, the parent, do hereby consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to my child under the general or special instructions of his/her physician or any physician the school may call, whether such diagnosis or treatment is rendered at the office or at a licensee's hospital. It is understood that reasonable effort will be made to contact the doctor listed on this application before any other physician is called. It is further understood that this consent is given in advance of any specific diagnosis or treatment which might be required and is given to authorize Tri-City Adventist School or the physician to exercise their best judgment as to the requirements of such diagnosis or treatment. This consent shall remain in continuous effect until revoked in writing and delivered to the physician listed on this application or to the school entrusted with the custody of my child.

(initial) Acceptable Use Policy—I, the parent, grant permission for my child to access computer services such as electronic mail and the Internet. I understand that individuals and families may be held liable for any inappropriate behavior. I understand that some materials on the Internet may be objectionable but I accept responsibility to work with the school in guidance of Internet use, setting and conveying standards for my child to follow when selecting, sharing, or exploring information and media.

(initial) Photo/Video Release—I hereby grant Tri-City Adventist School and its employees, agents and assigns, the right to photograph my child and use the photo, derivatives, and/or other digital reproductions of him/her or other reproductions of his/her physical likeness for publication purposes, whether electronic, print, digital or electronic publishing via the Internet. Furthermore, I assign the rights for any recording, be it audio and/or visual, to be used in the same manner as the aforementioned photographs. Example: Website, PR, wall posters, etc.

(initial) Disclaimer—Tri-City Adventist School reserves the right to withdraw acceptance or dismiss the applicant from school in the event that incomplete or inaccurate information is provided. The application information is confidential and is intended for the school's purposes only. This form is an application for admission only. Upon completion of all application procedures and School Board approval, you will be notified of acceptance.

Parent Contract—We are (I am) in agreement with the objectives, standards, and policies of Tri-City Adventist School. We (I) will support the school and staff, and upon acceptance I accept full financial responsibility for the above student. We (I) affirm that the information provided in this application is true to the best of our (my) knowledge.

Parent/Guardian Signature

Parent/Guardian Signature

Student Contract—I have read the objectives and policies of this school. If I am accepted by the school, I will endeavor at all times to uphold the Christian standards of the school and to respect the staff and the rules.

Student Signature

1. What characteristics of TCAS interest your family, and why do you feel that our school is a good match for your child?

2. TCAS is dedicated to nurturing and encouraging students’ intellectual, artistic, social, physical, and spiritual abilities. What are your child’s strengths in these areas?

3. Please describe any learning disabilities your child may have and any accommodations they may need.

4. How has the experience of our school been for your child so far this year?

5. Do you have any concerns or recommendations based on your experience of our school so far this year?

6. Do you have any words of encouragement for the administration or staff of the school?

Please submit this application with the non-refundable application fee to:

Admissions/Registrar
Tri-City Adventist School
4115 W. Henry St., Pasco, WA 99301
P: (509) 547-8092 F: (509) 547-8516
www.myTCAS.org ~ tcasoffices@gmail.com

Tri-City Adventist School does not discriminate on the basis of race, color, religion, national or ethnic origin, gender, or handicap in the administration of its educational program, admission policies, and other school-administered programs.

OFFICE USE ONLY

- Physical Record
- New Student Interview
- Registration Fee
- New
- Records

- Immunization Record
- Application Fee
- Birth Certificate
- Returning