



Tree of Life Christian Preparatory School

A ministry of the Seventh-day Adventist Church

Application for Admission

Application for admission to grade ___ in August 20__

Applicant Information

Applicant's full legal name: _____
First Middle Last

Prefers to be called: _____ SSN: _____-____-_____ Date of Birth: ____/____/____

Church Affiliation _____ Baptized? ___ Yes ___ No Date Baptized _____

Family Information

Name of: <input type="checkbox"/> Father <input type="checkbox"/> Step-Father <input type="checkbox"/> Guardian (Please circle the one that applies)	Home & Cell Phone #'s
Mailing Address	Email Address
City State Zip	Work Telephone & Fax
Employed By	Position/Title
Employer's Address	If Self-employed, Type and Name of Business
Church Affiliation	Date Baptized
Name of: <input type="checkbox"/> Mother (include maiden name) <input type="checkbox"/> Step-Mother <input type="checkbox"/> Guardian (Please circle the one that applies)	Home & Cell Phone #'s
Mailing Address	Email Address
City State Zip	Work Telephone & Fax
Employed By	Position/Title
Employer's Address	If Self-employed, Type and Name of Business
Church Affiliation	Date Baptized
Person(s) responsible for tuition?	To whom should correspondence be sent?
If divorced or separated, who has legal custody of the child(ren)?	Who has primary custody?
Address of parent not living with child (if not already given):	

"Tree of Life Christian Preparatory School admits students of any race, color, ethnic background, country of origin or gender; proffers all the rights, privileges, programs and activities generally available to students; and, makes no discrimination on the basis of race, color, ethnic background, country of origin or gender in administration of education policies, application for admission, scholarship programs, and athletic or extracurricular programs."

"Preparing young minds for citizenship here on earth and for eternity."

Please give the names, birth dates, gender, current grade and present school for all siblings.

Name	Birth Date	Gender	Current Grade	Current School
_____	____/____/____	_____	_____	_____
_____	____/____/____	_____	_____	_____
_____	____/____/____	_____	_____	_____
_____	____/____/____	_____	_____	_____

Please provide us with a brief sketch of your child. We ask you to be as candid as possible in evaluating your child's growth and development, strengths and weaknesses. This document will be used in the admission process and will be kept confidential.

For All Families: Completion of this section is essential before application can be processed. Whom should we thank for referring you to TLC? _____

Please state why you wish your child to attend or continue at TLC Prep.

Father: _____

Mother: _____

We would appreciate it so much if each parent would make a statement of his or her personal relationship with God.

Father: _____

Mother: _____

Emergency Information

In case of an emergency, if we cannot reach you, whom do we call?

Name: _____ Telephone # _____

Relationship to student: _____

In case of an emergency, if you cannot be reached, do you give permission to Tree of Life Christian Preparatory School to have your child treated by a doctor or emergency room personnel? ___ Yes ___ No

If yes, please fill in your doctor's name and telephone number.

Name: _____ Telephone # _____

Field Trip Information

My child, _____ has my permission to accompany Tree of Life Christian Preparatory School to any local setting for a field trip.

Parent's signature

Date

Application checklist:

- | | |
|---|---|
| <input type="checkbox"/> Completed Application for Admission | <input type="checkbox"/> Completed Reference Form |
| <input type="checkbox"/> Completed Non-Relative Reference Form | <input type="checkbox"/> Completed Financial Information Form |
| <input type="checkbox"/> Completed Student Transportation Form | <input type="checkbox"/> Physical exams for all new students |
| <input type="checkbox"/> A certified copy of each applicant's birth record | <input type="checkbox"/> Completed essay (grades 7 & 8) |
| <input type="checkbox"/> \$250 Registration Fee/per student (refundable) | <input type="checkbox"/> Transcripts from former school |
| <input type="checkbox"/> \$100.00 Application Fee/per student (non refundable) | <input type="checkbox"/> School Health Records |
| <input type="checkbox"/> Completed Emergency Contact & Health Information Sheet | |