



STUDENT APPLICATION

Christian Education for Grades K-8

1292 Charleston Street, Wellsboro, PA 16901

(570) 404-7443

STUDENT INFORMATION

Last Name	First Name	Full Middle Name	Name Used	<input type="checkbox"/> Male <input type="checkbox"/> Female	Grade Entering
Mailing Address			City	State	Zip
Birthdate (mm/dd/yy)	Birthplace (City, State)	Country of Citizenship	Home Phone ()	Photo Consent: I hereby consent to the use of my child's image on the school's website, Facebook, videos, printed materials, and other school publications. Signature _____ Date _____	
School attended last year	Address of last school (if other than TNTCS)		School's phone ()		
Student living with: <input type="checkbox"/> Both parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Grandfather/grandmother <input type="checkbox"/> Aunt/uncle <input type="checkbox"/> Other (please specify) _____					
Does the student have any medical problems or allergies? If so, what?				Date of Last Physical Exam	
Is the student on any medication? If so, what?					
Student's Doctor		Doctor's Address		Doctor's Phone Number	
Student's Dentist		Dentist's Address		Dentist's Phone Number	
Continuing consent to treatment and authorization to release information: If emergency service involving medical action or treatment is required and the parent cannot be reached for consent, the parents hereby consent to the rendering of such emergency medical service for the above named student as shall be necessary in the medical opinion of the doctor rendering the service. This authorization is given pursuant to the local state Civil Code.					
Signature		Date		Witness Date	

PARENT (GUARDIAN) INFORMATION

Father Last Name	First	Address	City	State	Zip
Home Phone ()	Occupation	Employer	Work Phone ()	Married/Living together <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Divorced <input type="checkbox"/> Separated	
Cell Phone ()		Email			
Mother Last Name	First	Address	City	State	Zip
Home Phone ()	Occupation	Employer	Work Phone ()	Married/Living together <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Divorced <input type="checkbox"/> Separated	
Cell Phone ()		Email			
Other parent/Guardian Last	First	Address	City	State	Zip
Home Phone ()	Occupation	Employer	Work Phone ()	Married/Living together <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Divorced <input type="checkbox"/> Separated	
Cell Phone ()		Email			

I give permission for the items checked below to be published in the TNTCS Directory:

(Please check Yes or No for each item)

MOTHER	Home Phone <input type="checkbox"/> Yes <input type="checkbox"/> No	Cell Phone <input type="checkbox"/> Yes <input type="checkbox"/> No	Mailing Address <input type="checkbox"/> Yes <input type="checkbox"/> No	Email Address <input type="checkbox"/> Yes <input type="checkbox"/> No
FATHER	Home Phone <input type="checkbox"/> Yes <input type="checkbox"/> No	Cell Phone <input type="checkbox"/> Yes <input type="checkbox"/> No	Mailing Address <input type="checkbox"/> Yes <input type="checkbox"/> No	Email Address <input type="checkbox"/> Yes <input type="checkbox"/> No

We, the undersigned, pledge to uphold the policies and principles as outlined in the current student bulletin, and to accept full financial responsibility according to the published financial policies and contract. To the best of our knowledge, the questions on this application are answered completely and truthfully.

Student Signature

Father/Guardian Signature

Mother/Guardian Signature

CHURCH MEMBERSHIP

Student's Denomination	Church where membership is held	Baptized <input type="checkbox"/> Yes <input type="checkbox"/> No Date (mm/dd/yyyy) _____
Father's Denomination	Church where membership is held	Baptized <input type="checkbox"/> Yes <input type="checkbox"/> No
Mother's Denomination	Church where membership is held	Baptized <input type="checkbox"/> Yes <input type="checkbox"/> No

EMERGENCY CONTACT INFORMATION

List 2 local persons other than yourself who have agreed to care for your child in case of an emergency and you cannot be reached. Also, please list one non-local person who can be contacted in case of a local disaster.

Name (local)	Relationship to child	Phone Number	Email
Name (local)	Relationship to child	Phone Number	Email
Name (non-local)	Relationship to child	Phone Number	Email

APPROVED RIDE LIST

List names and phone numbers of people other than parents who have authorization to pick up the student.

Name	Phone Number	Name	Phone Number
Name	Phone Number	Name	Phone Number
Name	Phone Number	Name	Phone Number
Student is allowed to walk to:			

SCHOOL HISTORY

Last School Attended		Grade	
Address of Last School (required)		City	State Zip
Has this student been retained? When? <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____	In what grade level were they retained?	Has this student ever had an Individual Education Plan (IEP)?	Has student been screened or processed for Special Ed placement? <input type="checkbox"/> No <input type="checkbox"/> Yes
Has student ever been in Special Ed? <input type="checkbox"/> No <input type="checkbox"/> Yes	Dates in Program	Has student been in a resource room? <input type="checkbox"/> No <input type="checkbox"/> Yes	Has student ever participated in Title I Program? <input type="checkbox"/> No <input type="checkbox"/> Yes
Has student been placed in a handicapped program? <input type="checkbox"/> No <input type="checkbox"/> Yes		Has student been placed in a self contained resource room? <input type="checkbox"/> No <input type="checkbox"/> Yes	
If student has been placed in a Resource Room or Special Education program, please explain:			
What are some of the outstanding abilities or hobbies of the student?			
Has the student ever been dismissed, suspended, or disciplined at any school? Please explain.			
Parent/Guardian Signature		Date	
Additional Comments:			

OFFICE USE ONLY:

<table style="width: 100%;"> <tr> <td style="width: 15%;">Application Received</td> <td style="width: 10%;">DATE</td> <td style="width: 10%;">INITIAL</td> <td style="width: 10%;"></td> </tr> <tr> <td>Recommendations Rec'd</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>Physical (Entry, K, 1)</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Immunizations Rec'd</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>New Student Interview</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Entrance Test</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>	Application Received	DATE	INITIAL		Recommendations Rec'd	1	2	3	Physical (Entry, K, 1)	_____	_____	_____	Immunizations Rec'd	_____	_____	_____	New Student Interview	_____	_____	_____	Entrance Test	_____	_____	_____	<table style="width: 100%;"> <tr> <td colspan="4" style="text-align: center;">Financial Clearance</td> </tr> <tr> <td style="width: 15%;">Registration Fee \$ _____</td> <td style="width: 10%;">DATE</td> <td style="width: 10%;">INITIAL</td> <td style="width: 10%;"></td> </tr> <tr> <td>Financial Clearance</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>	Financial Clearance				Registration Fee \$ _____	DATE	INITIAL		Financial Clearance	_____	_____	_____	<p>Accepted <input type="checkbox"/> Denied <input type="checkbox"/> Birth Cert (K or 1) <input type="checkbox"/> Date _____ CUM file Requested <input type="checkbox"/> Date _____</p>
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