

Partnering with parents to educate students with a biblical worldview to prepare them to live purposefully in the service of God and mankind

25 Milford Circle, Wentzville, Missouri, 63385

Student Application for 2020-2021

Please check the	classes for which you a	<mark>re applying</mark>	<u> </u>		
	<i>Bible, M</i> Pre-Kind	Tuesday and T lath, Phonics, A l ergarten w and Thursday	rgarten Thursday Mornings Art, Music, Nature ith Enrichment Mornings and Afteure Studies and Er	ternoons	h play
Ī	arten, Grade 1 Essentials (Tuesday an nment (Tuesday and Th	nd Thursday N nursday Afterno P.E. Art. Mu	Mornings: Bible, Ma Dons: History/Geog	th, Language Ar graphy, Science/	ts):
	, Grade 7, Grade 7, Mo Mo age Arts, Math, History/G	onday, Tuesda	y, Thursday full da	y:	
tudent's name	(Firs	t)	(Middle)		(Last)
tudent's "go by" na	ame: (if different)				
	Date Of Birth				male)
itreet Address:					
ity		_ State	Zip		
)				
tudent lives with: (circle all that apply)				
Both Father & Moth	er Father Mot	ther Ste	epfather Step	mother Oth	er

Please check if either applies _____ Father is deceased _____ Mother is deceased

Father's name (custodial parent):		(First)			_(Last)
Marital status					
Email address		Cell Phone ()		
Name of church where you attend					
Active at church? (No/Yes) If "Yes",					
Average number of hours worked weekly ou					
Occupation					
Business name					
Last grade of formal education:			_		
If a graduate of college, list major(s):					
Mother's name (custodial parent):		(First)			(Last)
Marital status	=				
Email address		Cell Phone ()		
Name of church where you attend					
Active at church? (No/Yes) If "Yes",	please exp	olain:			
Average number of hours worked weekly ou					
Occupation		Business Phone	()_		
Business name					
Last grade of formal education:			_		
If a graduate of college, list major(s):					
Nearest relative (in addition to the above p	arents in	case of emergency	`		
Name	-		-	student	
Street address		Relat		Staden	
Street address State		7in			
Home Phone ()					
Please list all children living at home: Name (First name only, unless last name is different)	Gender <i>(M/F)</i>	Date Of Birth MM/DD/YYYY	Age	Grade	Enrolling in TCA? (Yes or No)
Educational Information: 1. Please describe the type of instruction the Also include the length of instruction (in year					
2. If you homeschooled, please list the curri	culum you	have used:			

3. In general, how would you rate your child's academic ability?						
Above Average	Average	Slightly Below Average	Below Average			
In which subjects does he/sho In which subjects does he/sho	e excel? e struggle?					
4. In general, how would you	rate your chil	d's level of interest in learning?				
Above Average	Average	Slightly Below Average	Below Average			
What is his/her favorite subje	ect?					
5. What virtues would you me	ost like to see	developed in your student?				
	lity to flourish	in a rigorous academic environ	ning differences that could have any ment?			
7. Does your student enjoy w If no, please explain	orking at hom	e to complete their school wor	k?			
Family Questionnaire: 1. Have both parents attende	ed an informat	ion session?				
2. Are you prepared to oversee the off-campus component of homeschooling (including math, language arts, etc.)?						
3. Who will be the main instructor for the student off-campus?						
4. Is either parent, step-parent, or guardian opposed to a Christian education? If so, please explain						
your family's life.		he home? Describe the ways ir	which you integrate your faith into			

6. Why did you choose the University-Model to educate your child?				
7. Besides the education of your child, how can we, as a	a school, serve you?			
8. Are your child's grandparents supportive of this mod How?				
9. How can you as a family/mother/father serve us as a	school?			
10. How did you find out about our school?				
Both Parents: Please check one of the following:				
Parent 1: Name:	Parent 2: Name:			
I personally believe in the entirety of the Trinity Christian Academy Statement of Faith I personally believe in the Trinity Christian Academy Statement of Faith, except in the following areas. If checking this line, please attach a full explanation of your reasons for difference and/or disagreement. I will not express my believes in a way that will cause disunity. Signature: Date:	I personally believe in the entirety of the Trinity Christian Academy Statement of Faith I personally believe in the Trinity Christian Academy Statement of Faith, except in the following areas. If checking this line, please attach a full explanation of your reasons for difference and/or disagreement. I will not express my believes in a way that will cause disunity. Signature:			

Please attach the following documents with your application:

- Copy of Immunization records, or the medical exemption letter
- Copy of birth certificate
- Recent family picture
- \$75 application fee, most of which is used for our membership to UMSI
- Letter of recommendation from your pastor stating your (preferably both parents, but at least one) involvement at church and length of service at the church.

Non-Discriminatory Policy for Students and Employees

Trinity Christian Academy of Missouri, Inc. admits students of any race, color, national, and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national, and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.