



# 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: Father Step-Father 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: Mother (include maiden name) Step-Mother 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	Who has primary custody?
Address of parent not living with child (if not already	

Tree of Life Christian Preparatory School admits students of any race, color, ethnic background, country of origin or gender; offers 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.*



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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.

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**For All Families:** Completion of this section is essential before application can be processed.

Please state why you wish your child to attend or continue at TLC Prep. Whom should we thank for referring you to TLC?

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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## **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 Signature \_\_\_\_\_

Date \_\_\_\_\_

## **Application checklist:**

- Completed Application for Admission
- Completed Non Relative Reference Form
- Completed Student Transportation Form
- A Certified Copy of Each Applicant's Birth Record
- Completed Emergency Contact & Health Information Sheet
- \$300.00 Registration Fee/per student PreK - Grade 2 (Refundable)
- \$350.00 Registration Fee/per student Grades 3 - 8 (Refundable)
- \$50.00 Application Fee/per student (Non-Refundable)
- Current Physical Exam
- Immunization Records
- Completed Essays (Grades 7 & 8)
- Transcript from Former School
- FACTS Completed

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