

Trinity Christian Academy Umbrella Application

PARENT/GUARDIAN INFORMATION

School Year _____ Date Completed _____

Parents Name _____

Address _____

City _____ State _____ Zip _____ County _____

Home Phone _____ Cell Phone _____ Work Phone _____

E-mail _____ Referred by _____

Church Affiliation _____ Church Phone _____

FIRST	LAST	BIRTHDATE	GRADE	AGE	TESTING	
					Stanford	ACT (11 th -12 th)

STUDENT BACKGROUND INFORMATION

Has your child been tested and found to have a verified learning disability? _____

If yes, please explain: _____

By signing, I acknowledge my agreement with the doctrinal statement and policies (see separate sheet) of Trinity Christian Academy Home School Organization. All fees are due at registration and are non-refundable

Father's Signature

Mother's Signature

For office use only:
Registration _____ Amount Due: _____ Check Number # _____