

**TWIN FALLS CHRISTIAN ACADEMY**  
**APPLICATION FOR ADMISSION**

**STUDENT INFORMATION: (Please list each child attending the academy)**

1. Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Birthdate \_\_\_\_\_ Birthplace \_\_\_\_\_ Entering Grade \_\_\_\_\_

Name and address of school last attended \_\_\_\_\_

Enrolled in what grade there? \_\_\_\_\_ Any grade repeated? \_\_\_\_\_ Has this child had any disciplinary difficulty in school? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain \_\_\_\_\_

Has this child ever experienced tobacco? \_\_\_\_\_ Illegal drugs? \_\_\_\_\_ Alcoholic beverages? \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_

---

2. Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Birthdate \_\_\_\_\_ Birthplace \_\_\_\_\_ Entering Grade \_\_\_\_\_

Name and address of school last attended \_\_\_\_\_

Enrolled in what grade there? \_\_\_\_\_ Any grade repeated? \_\_\_\_\_ Has this child had any disciplinary difficulty in school? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain \_\_\_\_\_

Has this child ever experienced tobacco? \_\_\_\_\_ Illegal drugs? \_\_\_\_\_ Alcoholic beverages? \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_

---

3. Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Birthdate \_\_\_\_\_ Birthplace \_\_\_\_\_ Entering Grade \_\_\_\_\_

Name and address of school last attended \_\_\_\_\_

Enrolled in what grade there? \_\_\_\_\_ Any grade repeated? \_\_\_\_\_ Has this child had any disciplinary difficulty in school? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain \_\_\_\_\_

Has this child ever experienced tobacco? \_\_\_\_\_ Illegal drugs? \_\_\_\_\_ Alcoholic beverages? \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_

---

4. Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Birthdate \_\_\_\_\_ Birthplace \_\_\_\_\_ Entering Grade \_\_\_\_\_

Name and address of school last attended \_\_\_\_\_

Enrolled in what grade there? \_\_\_\_\_ Any grade repeated? \_\_\_\_\_ Has this child had any disciplinary difficulty in school? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain \_\_\_\_\_

Has this child ever experienced tobacco? \_\_\_\_\_ Illegal drugs? \_\_\_\_\_ Alcoholic beverages? \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_

---

**FAMILY INFORMATION AND BACKGROUND:** (If your family information changes please let TFCA know.)

Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ If separated or divorced, what are the custody arrangements? \_\_\_\_\_

*TFCA policy is to remain neutral in all custody issues.*

Home Address \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Home Phone \_\_\_\_\_

---

**FATHER'S INFORMATION:**

Name \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Place of Employment \_\_\_\_\_ Occupation \_\_\_\_\_

---

**MOTHER'S INFORMATION:**

Name \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Place of Employment \_\_\_\_\_ Occupation \_\_\_\_\_

---

Siblings Names and Ages (not attending TFCA) \_\_\_\_\_

Does Family attend church? \_\_\_\_\_ Sunday School? \_\_\_\_\_ Where \_\_\_\_\_

Give a brief definition of your salvation experience:

Father \_\_\_\_\_

Mother \_\_\_\_\_

Student \_\_\_\_\_

Are you in agreement with the TFCA Statement of Faith? Yes \_\_\_\_\_ No \_\_\_\_\_

Why do you desire enrollment here? \_\_\_\_\_

How did you hear about the Academy? \_\_\_\_\_

Has/have your child(ren) ever had a health or psychological problem? Yes \_\_\_ No \_\_\_ If yes, please explain:

We regularly update the school website and sometimes include pictures of sporting events and other school activities. We also make brochures or flyers from time to time in order to advertise for the school which may include pictures. Please indicate whether we have your permission to use pictures of your child or not. We will not use any names or personal information.

\_\_\_\_\_ Yes, you may use pictures of my child.

\_\_\_\_\_ No, thank you.

## EMERGENCY AND MEDICAL INFORMATION

When Twin Falls Christian Academy is unable to contact us by phone, the names and phone numbers listed below should be referred to in case of an emergency. (We will inform the school of any changes.)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

People authorized to pick my child(ren) up from school: \_\_\_\_\_

\_\_\_\_\_

PLEASE CALL THE SCHOOL IF SOMEONE DIFFERENT WILL BE PICKING YOUR CHILD(REN) UP.

### MEDICAL:

Doctor \_\_\_\_\_

Phone \_\_\_\_\_

Please list any:

Current Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Restricted Activities: \_\_\_\_\_

I give my permission for the school personnel to give my child Tylenol, if necessary. Yes    No

Dose: \_\_\_\_\_

I give my permission for the school personnel to give my child Ibuprofen, if necessary. Yes    No

Dose: \_\_\_\_\_

If for some reason, we cannot be contacted in what the school considers to be sufficient time; our permission is granted to those in authority to obtain emergency medical help.

**Children in the State of Idaho must be current on their immunizations in order to attend school. We are required to provide proof of those immunizations. Please bring your child's immunization records to the office along with this application so that we can make a copy or ask your doctor's office to fax us a copy. If you have chosen not to have your child immunized you may sign an exemption form which is available in the office.**

**Office: Immunization Records received \_\_\_\_\_**

**COMMITMENTS OF PARENTS – PLEASE READ CAREFULLY**

In making application, it is my desire to have my child(ren) attend Twin Falls Christian Academy. I understand that I am responsible for school bills and debts incurred. If not paid, the account can be turned over to a collection agency, and therefore transcripts may be withheld. TFCA does maintain a scholarship program.

The doctrinal beliefs of TFCA reflect those of Grace Baptist Church. Those of non-Christian religions (i.e. Mormonism, Jehovah’s witnesses, Christian Science, etc.) will find the differences create conflict at home and in the classroom. Therefore, we believe it best for all concerned that children of those who strictly adhere to the beliefs of a non-Christian religion not be admitted.

We hereby invest authority in the school to discipline our child when necessary, corporally (with parental consent) or otherwise.

We also give permission for our child(ren) to take part in all school activities, including sports and school sponsored trips away from school premises, and absolve the school from liability to us or our child(ren) because of any injury to our child(ren) at school or during any school activity. TFCA does provide an accident and athletic injury insurance policy for the student. It covers any injury sustained during a school related activity.

We have read the handbook and made special note of the dress and conduct regulations for students at Twin Falls Christian Academy and will stand behind the Academy in enforcing these regulations and will cooperate in seeing that our child abides by these regulations at all times and places and on social media for both present and future policies. We understand that many of the major demeritable offenses apply to our child whether they are involved in a school activity or not.

Accreditation: TFCA is dually accredited by the nationwide public/private school entity – Cognia and Association of Christian Schools International. All state required classes and health and safety standards are met. TFCA diplomas and credits are accepted at all college and universities.

***I certify that I consent to and will submit to all governing policies of the school, including all applicable policies in the Student Handbook.***

***I understand that the standards of the school do not tolerate profanity, obscenity in word or action, dishonor to the Holy Trinity and the Word of God, disrespect to the personnel of the school, or continued disobedience to the established policies of the school.***

***I understand that the services of the school are engaged by mutual consent, and that either the school or I reserve the right to terminate any or all services at any time. I understand that the Handbook does not contractually bind Twin Falls Christian Academy and is subject to change without notice by decision of Twin Falls Christian Academy’s governing body. Admission to the school is a privilege, not a right, and admission for one school year does not guarantee automatic admission for future school years.***

\_\_\_\_\_  
Signature of Mother

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Father

\_\_\_\_\_  
Date

# FINANCIAL AGREEMENT

Person responsible for account:

Name: \_\_\_\_\_

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Billing Address: \_\_\_\_\_

At the discretion of the school board, Twin Falls Christian Academy may immediately discontinue educational or childcare services when an account remains unpaid and/or the account may be turned over to a collection agency, and therefore transcripts may be withheld. Tuition payments are due regardless of school attendance.

***It is the policy of Twin Falls Christian Academy not to split accounts. The person(s) who enrolls the student and signs this agreement is responsible for payment. Our office is not responsible to collect from a secondary parent in divorce situations, nor are we responsible to interpret the decrees of separation, divorce or the percentages each party will pay.***

I understand that I am responsible for school bills and debts incurred and agree to abide by the tuition policies of Twin Falls Christian Academy. I also understand that the policy of the school is to make no refunds on registration fees.

**Tuition payment preference:**

Pay in full

10 monthly payments (August – May)

***Terms: August tuition is due June 9th for returning students and upon enrollment for new students. Tuition is payable on a 10-month basis, beginning with August and concluding with May (unless otherwise specified). Payments are due the first of each month and are considered late and subject to a \$20 late charge after the 10<sup>th</sup>.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE: Records requested: _____	Student List: _____	Email: _____
Billing: _____	Directory: _____	