

Registration Checklist:

- ___ Application for Admission (Signed Parental Agreement)
- ___ Emergency Information Card *(The office has copies of these)*
- ___ Authorization for Release of School Records *(if applicable)*
- ___ K-4 Before/After Care Registration *(if applicable)*
- ___ Media Release Form
- ___ Copy of Birth Certificate
- ___ Copy of Social Security Card
- ___ Copy of Immunization Record
- ___ Registration Fee

Today's Date: _____

TRI-COUNTY CHRISTIAN ENROLLMENT APPLICATION

STUDENT INFORMATION

NAME _____
(Last) (First) (Middle)

ADDRESS _____
(Street Address) (City) (State) (Zip)

DATE OF BIRTH _____ SOCIAL SECURITY # _____

ENTERING CLASS/GRADE *(Circle All Applicable)*

NURSERY
(6 weeks +)

TODDLER
(18m-36m)
Not potty trained

PEE-WEE
(2-3 yr/o)
Fully potty trained

MIDDLER
(3-4 yr/o)

PRE-K
(4-5 yr/o)
Preference: AM or PM
First come, first served

GRADE: K 1 2 3 4 5 6 7 8

OTHER: K-8 Before School / K-8 After School

PHONE: _____ Secondary: _____ Other: _____

Student regularly attends church at _____

FAMILY INFORMATION

Student lives with: Both Parents Mother Father Guardian

Father/Guardian Full Name _____ SSN: _____

Occupation Details _____
(Occupation) (Employer Name & Address)

Mother/Guardian Full Name _____ SSN: _____

Occupation Details _____
(Occupation) (Employer Name & Address)

Church & Minister _____

Father: Member? _____ Attend Regularly? _____ Have you received Christ as your Savior? yes / no

Mother: Member? _____ Attend Regularly? _____ Have you received Christ as your Savior? yes / no

List Parent(s) not in the Home: _____
(Name) (Phone)

Parent's Email Address _____

Siblings in _____
the home. _____
Name Gender Age

----- QUESTIONNAIRE -----

Please share why you desire to enroll your child in a Christian School/Daycare.

1. How did you hear about Tri-County Christian School? _____

2. Did a current TCCS family refer you to our grade school? If so, please list their name:

3. List previous schools/daycares, giving detail of enrollment, repeated grades, discipline concerns, etc.

4. Please comment on any unusual factors in the student's life _____

5. Has the student been expelled or disciplined beyond ordinary classroom or daycare situations? _____

Please explain _____

----- AGREEMENT OF PARENTS -----

In applying for enrollment of our child, _____, we understand the policies as stated in the handbook, understand that any portion of installment paid to TCCS is non-refundable, and are willing to cooperate with Tri-County Christian School Board & Staff in:

- Statement of Faith
- Admission Requirements
- Business, Health, Phone, Transportation, & Visitor Procedures
- Dress Code & Discipline Procedures
- Additional Elementary School Information & Procedures

We also hereby give permission for our child to participate in Tri-County activities and absolve the school from liability of any injury my child may sustain during school related activities and functions. I further pledge my support and agreement with the standards of conduct and discipline of TCCS as stated in the Handbook.



X _____
(Signature of Father/Guardian) (Date)

X _____
(Signature of Mother/Guardian) (Date)



TRI-COUNTY CHRISTIAN SCHOOL
604 HBC ROAD, MACON, MO 63552
PHONE: (660) 385-7188
WWW.TRICOUNTYCHRISTIANSCHOOL.ORG
ADMIN@TRICOUNTYCHRISTIANSCHOOL.ORG

Parent consent for release of student photographs, video images, recordings, and creative works.

There are several occasions throughout the school year when the school or individual classroom teachers will have cause to photograph or videotape classroom or school-related activities. These images (including student photographs, videos, artwork, writing and other creative works) may be published or distributed through printed or electronic media, including the school Facebook web site. Images may also be released to local media to highlight important or interesting stories associated with the school district. Some common uses of student images include but are not limited to: **promotion of clubs, activities or classroom projects; recognition of achievement; promotion of school programs; or celebration of academic or artistic qualities.**

You are receiving this letter to request permission for Tri-County Christian School to publish images of your child on the TCCS Facebook web site or in printed materials. Please indicate your preference below:

Student's Full Name: _____

For the purposes stated in this letter,

- I **DO** give permission for photographic or video depictions of my child(ren) to be published in school-related materials, used on school web pages, or shared with the media as needed.
- I **DO NOT** give permission for photographic or video depictions of my child(ren) to be published in school-related materials, used on school web pages, or shared with the media.

(Parent/Guardian Signature)

(Date)



TRI-COUNTY CHRISTIAN SCHOOL
604 HBC ROAD, MACON, MO 63552

PHONE: (660) 385-7188

WWW.TRICOUNTYCHRISTIANSCHOOL.ORG
ADMIN@TRICOUNTYCHRISTIANSCHOOL.ORG

Transfer of School Records

_____ is applying for enrollment into the _____ grade
(Student's Name)

at Tri-County Christian School. I authorize & request _____
(School/Agency Name)

to release all official school records including, but not limited to:

- Grades to date of request
- Health records
- Test scores
- Discipline reports
- Psychological or comprehensive evaluations
- I.E.P. or Special Education records

(Signature of Parent or Guardian)

(Date)

Please send correspondence to:
Tri-County Christian School
604 HBC Road
Macon, MO 63552
Fax: 660-385-7011
admin@tricountychristianschool.org