



# 2018-2019 APPLICATION FOR ENROLLMENT

## TABERNACLE CHRISTIAN SCHOOL

1225 29<sup>th</sup> Avenue Drive NE • Hickory, North Carolina • 28601  
(828) 324-9936 • tabernaclechristianschool.org

Enrollment Date \_\_\_\_\_ Enrollment Fee  Amount Paid \$ \_\_\_\_\_ Payment Method:  Cash  Credit Card  Check # \_\_\_\_\_

### FAMILY INFORMATION

Father/Male Guardian \_\_\_\_\_ Employer \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother/Female Guardian \_\_\_\_\_ Employer \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Address is the same as father's/male guardian's.

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parents' Marital Status:  Single  Married  Separated  Divorced  Widowed

Child lives with:  Both parents  Mother  Father  Grandparents  Guardian

Church \_\_\_\_\_ Pastor \_\_\_\_\_

### EMERGENCY CONTACTS/CHECK-OUT

*Children will be released only to the parents/guardians listed above and those listed below as emergency contacts. The child may also be released to the following individuals, as authorized by the person who signs this application. In the event of an emergency, if the parents/guardians cannot be reached, the school has permission to contact the following individuals:*

Name	Relationship	Address	Phone

### PHOTO PERMISSION

From time to time, we take pictures during school activities and special occasions. We would like your permission to use these pictures on our website or on our Facebook page. Pictures will be used by Tabernacle Christian School and Conqueror Kids to show the many ways our students are learning and growing.

*Please take a moment to let us know your preferences regarding our use of photos of your children:*

- Yes, I grant permission to use photos of my children on Tabernacle's website and/ or Facebook page.
- No, Please do NOT use any photos of my children.

## TRAVEL AUTHORIZATION

- I give my permission to Tabernacle Christian School for my children to participate in field trips and other activities which involve transportation in a van/automobile/bus.
- I understand that the facility will abide by all the safety rules in Rule .1000 when my children are transported in a vehicle. The facility will also notify me each time that my children are to participate in an activity that would involve transportation and will require additional permission given for specific trips.

## NC SCHOLARSHIP INFORMATION

- We have applied for the North Carolina Opportunity Scholarship.
  - We have received confirmation that our student(s) have been accepted to receive the North Carolina Opportunity Scholarship.
  - We have not received confirmation that our student(s) have been accepted to receive the North Carolina Opportunity Scholarship.
- Please send me information regarding the North Carolina Opportunity Scholarship.

## STATEMENT OF ACKNOWLEDGEMENT

*By registering at Tabernacle Christian School, it is my intention that my child complete the school year. It is my understanding that registration is non-refundable and non-transferrable. I agree to pay all collection costs, including necessary legal fees, involved in collecting delinquent accounts. I absolve the school from liability to me or to my child because of a licensed, practicing physician should an emergency arise and a parent/guardian cannot be reached. I hereby release Tabernacle Baptist Church and Christian School from liability which might result from such emergency treatment. I agree to encourage my child in learning all phases of the curriculum. I acknowledge that I have received a copy of the enrollment information, that I understand its content, and that I agree to follow the guidelines contained therein.*

### **If a child resides with both parents, both parents must sign the form.**

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

## PARENT CHECKLIST FOR COMPLETE ENROLLMENT

The enrollment process for the 2018-2019 school year is complete when the following items have been submitted/cared for:

- Submit this application for enrollment.
- Pay the enrollment fee.
- Complete the records request (if transferring from another school).
- Receive acceptance letter and 2018-2019 information packet.
- Receive FACTS Tuition Management verification email and set-up your service agreement for the 2018-2019 school year.

# STUDENT INFORMATION PROFILE

\_\_\_\_\_  
Last Name First Name Middle Name Nickname

\_\_\_\_\_  
Date of Birth Grade to Enter Gender

## ETHNICITY

- White/Caucasian     Black     Asian/Pacific Islander     Other: \_\_\_\_\_  
 American Indian/Alaskan Native     Hispanic

## EDUCATIONAL BACKGROUND

Has your child received any special services at a prior school?    Yes    No

If yes, please specify the type.

- My child has an IEP.    My child has a 504 plan.    My child receives ESL services.  
 Other. Please explain: \_\_\_\_\_

Please list all schools the applicant has attended (including homeschooling):

Name of School	Address	Grades Attended	Years Attended

Has the student had discipline problems at school?    Yes    No

If yes, please explain: \_\_\_\_\_

Has the student been suspended or expelled from school?    Yes    No

If yes, please explain: \_\_\_\_\_

Has the student ever been retained?    Yes    No   If yes, what grade? \_\_\_\_\_

## MEDICAL INFORMATION

*For any child with health care needs such as allergies, asthma, or other chronic conditions that require specialized health services, a medical action plan shall be attached to the application. The medical action plan must be completed by the child's parent or health care professional.* Is there a medical action plan attached?    Yes    No

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Local Hospital Preference (Required)    Catawba Valley Medical Center    Frye Regional Medical Center

List any allergies or symptoms and type of response for allergic reactions.

\_\_\_\_\_  
\_\_\_\_\_

List any health care needs or concerns, symptoms of, and type of response to these health care needs.

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List any particular fears or unique behavior characteristics the child has.

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List any types of medication taken for health care needs.

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**If medication is administered during the school day, it must be checked in at the office by the parent or guardian prior to use. Please complete the medication form provided by office personnel.**

Share any other information that has a direct bearing on assuring safe medical treatment for your child.

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I, as the parent/guardian, authorize TCS to obtain medical attention for my child in the event of an emergency.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

*The staff of Tabernacle Christian School does agree to provide transportation to an appropriate medical resource in the event of an emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. We will not administer any drug or any medication without specific instruction from the physician or the child's parent, guardian, or full-time custodian.*