

**TRI-CITY CHRISTIAN ACADEMY**  
*A Ministry of Tri-City Baptist Church*  
**2211 West Germann Road, Chandler, Arizona 85286-6799**  
**480-245-7902**  
www.tcawarriors.org

For Office Use Only:

**APPLICATION FORM**

Child's Name \_\_\_\_\_  
First Middle Last Goes by

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip code

Parent's e-mail address: \_\_\_\_\_

Student's e-mail address: \_\_\_\_\_

Grade to enter: \_\_\_\_\_ When to begin: \_\_\_\_\_ Grades already attended at TCA: \_\_\_\_\_

Schools attended prior to TCA:

School name	Address	State	Zip	Phone	Grades attended

School name	Address	State	Zip	Phone	Grades attended

Parents (check one): \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced (Who has legal custody? \_\_\_\_\_)

Father's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Step-Parent's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Church you now attend: \_\_\_\_\_ Member? Yes  No

**Your child's registration is not complete until the enrollment tuition is paid and all applicable paperwork is completed, including a notarized emergency form, updated immunization records and copy of birth certificate.**

**By signing this application I agree to abide by the policies and procedures stated in the Parent/Student Handbook. (Available on the TCA website or upon request)**

Signature of Parents: \_\_\_\_\_  
Father Mother

(for the student) "It is my desire to attend Tri-City Christian Academy."

Signature of Student: \_\_\_\_\_

Tri-City Christian Academy admits students of any race, color, nationality, or ethnic origin to all the rights, privileges, programs, and activities accorded or made available to students at the school. We do not discriminate on the basis of race, color, nationality, or ethnic origin in the administration of educational policies, admissions policies, athletic programs, or any other school administered programs.

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_  
Enrollment Tuition Paid: \_\_\_\_\_  
Application Form: \_\_\_\_\_  
Emergency Information: \_\_\_\_\_  
Maricopa Affidavit: \_\_\_\_\_

Immunizations: \_\_\_\_\_  
Physical Exam: \_\_\_\_\_  
Transcripts Requested: \_\_\_\_\_  
Transcripts Received: \_\_\_\_\_  
Birth Certificate: \_\_\_\_\_