

STUDENT APPLICATION

School Year: _____

Grade Level: _____

Preferred Payment Plan: ____ Full Payment or ____ 12 Months

STUDENT INFORMATION:

(____) I do not give permission for information to be printed in school directory.

Last Name: _____ First: _____

Middle: _____ Preferred Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ - _____

Mailing Address: ____ Check if same as above. If not, fill in below:

Birth Date: _____ mo. _____ day _____ yr.

Student Social Security Number: _____ - _____ - _____

School last attended _____

Home Schooled: ____ No ____ Yes What grades? _____

Preschool: _____

Parent/Guardian Preferred Email address: _____

EMERGENCY MEDICAL INFORMATION:

Name of Emergency Contact: _____

Phone: _____ Cell: _____

Contact's Relationship to student: _____

Applicant's Doctor: _____ Doctor's Phone: _____

Hospital Preference: _____

PARENT/GUARDIAN AND FAMILY INFORMATION:

Father's Name: _____

Marital Status: Married Widowed Separated Divorced Remarried

Address (if different from student's address):

Employer's Name: _____

Title: _____ Occupation: _____

Phone: Home _____ Work _____ Cell _____

Work e-mail: _____

Lives with student (Y/N) _____ Receives School Mail (Y/N) _____ Receives Bill (Y/N) _____

Mother's Name: _____

Marital Status: Married Widowed Separated Divorced Remarried

Address (if different from student's address):

Employer's Name: _____

Title: _____ Occupation: _____

Phone: Home _____ Work _____ Cell _____

Work e-mail: _____

Lives with student (Y/N) _____ Receives School Mail (Y/N) _____ Receives Bill (Y/N) _____

If parents are separated or divorced, who has legal custody?

_____ In the event of sole primary custody, the school requires copies of the custodial legal documents to be provided to the Admissions Office at the time of application.

Paternal Grandparents:

Name: _____

Address: _____

Phone: _____ Cell Phone: _____

Maternal Grandparents:

Name: _____

Address: _____

Phone: _____ Cell Phone: _____

List names, ages, grades, and schools attending (including pre-school) of all children in your family:

1. _____ Age: _____ Grade: _____ School: _____

2. _____ Age: _____ Grade: _____ School: _____

3. _____ Age: _____ Grade: _____ School: _____

4. _____ Age: _____ Grade: _____ School: _____

5. _____ Age: _____ Grade: _____ School: _____

6. _____ Age: _____ Grade: _____ School: _____

ADDITIONAL INFORMATION:

What church do you attend? _____
Are you a member? _____ For how long? _____ How often does the family attend?
Regularly (3-4 Sundays per month), occasionally (once or twice per month), Rarely (4 times per
year) _____

1. Why would you like your student(s) to attend TLSA?

2. Has the student ever been referred to a resource teacher? If yes, please provide date and reasons for referral.

3. Has the student ever had modifications made in the classroom?

4. Has the student ever been administered psychological, behavioral, or academic testing to determine if he/she is gifted; has a learning disability; ADD; ADHD; or a behavioral, neurological, sensory, or emotional disorder? _____ If yes, provide dates, test results, evaluations, IEP reports, etc. This information is not routinely part of the cumulative folders and must be requested by the parent/guardian from the resource teacher or school counselor.

5. Is the student presently taking any medication for medical or learning problems? _____ If yes, please provide kind of medication, dosage, and frequency. Please provide a copy of medical evaluation, which must be within the last twelve months.

6. Does the student have any health problems? _____
7. Does the student have normal or corrected vision and normal hearing?

8. Has the student ever been recommended for tutoring or remedial instruction?

9. Has the student ever repeated a grade? _____ Which grade? _____ Please explain:

10. Has the student ever been suspended, dismissed, or expelled from school?

11. Is your child a ward of the court? _____ Has your child been under the jurisdiction of the court? _____ Has your child ever committed a misdemeanor or a felony? _____
12. Is there additional information that the school should be aware of when considering this student for enrollment?

13. What activities or responsibilities are you and your student(s) involved in at your church?

14. Please give a brief description summarizing your beliefs as it relates to:
The Father, Son, Holy Spirit, and the Bible:

We certify that the above answers are true and are made with no reservations:

Father's signature _____ Date: _____

Mother's signature _____ Date: _____

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