

Admissions Checklist

- 1. Application: Complete and sign the application. Both parents are required to sign.**
- 2. Application Fee: None**
- 3. Birth Certificate: Include a copy of the student's birth certificate. This must accompany the application.**
- 4. Report Card: Include a copy of the previous year report card and the current year latest report card.**
- 5. Transcript Request Form: Complete and sign the Transcript Request Form.**
- 6. Pastor Reference form: Sign and date the form before giving it to any full-time pastor on staff at your church.**

When the above documents have been received, you will be called to schedule an interview between parents, school administrators, and prospective student.

NOTICE OF NONDISCRIMINATORY POLICY AS TO STUDENTS

The True Light Shines Ministries, Inc. admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

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: _____

True Light Shines Academy

7428 Pearces Rd. | Louisburg, NC 27549 | 919-720-2864
Fax 919-554-6580 | www.truelightshines.com

CONFIDENTIAL PASTOR REFERENCE FORM

To the Pastor: The student named below is a candidate for admissions to True Light Shines Academy. Please complete the form and mail or fax to:
True Light Shines Academy Admissions Office, 7428 Pearces Rd, Louisburg, NC 27549 or fax to 919-554-6580

Name of Applicant _____ **Candidate for grade** _____

On a scale of 1-10 (10 being the highest), how well do you know the family? _____

1. Are you currently their pastor or associate pastor? _____

2. How would you evaluate the parents in the following areas:

a. Their church relationship, attendance, and loyalty _____

b. Their personal relationship to Jesus Christ _____

c. Their interest in having their child know and walk with the Lord _____

d. Do they command respect and obedience from their family? _____

3. To your knowledge, has this applicant accepted Jesus Christ as Savior? _____

4. How do the parents support their children's spiritual development?

5. What level of involvement does the applicant have in your church?

6. What are the first words that come to mind to describe this applicant?

I recommend this student:

___ enthusiastically ___ strongly ___ fairly strongly ___ with reservation

Pastor's or Associate Pastor's Signature _____ Dare _____

Position _____ Phone _____

Church _____

Address _____ City _____ State _____ Zip _____

I/We hereby authorize release of requested information to complete the admission process at TLSA. I/We understand this to be part of my student's application file.

Signatures of Parent/Guardian: _____ **Date:** _____

Please return within one week to:

True Light Shines Academy, 7428 Pearces Rd, Louisburg, NC 27549 or fax to 919-554-6580

TRANSCRIPT REQUEST FORM

Name of School last attended:

Address of School _____

City _____ State _____ Zip _____

Principal _____

School Phone: _____ School Fax: _____

To whom it may concern:

My child has enrolled in True Light Shines Academy. Please forward to True Light Shines Academy a complete academic file, final transcript, disciplinary file, health records, and any special psychological testing pertaining to:

Student's Name

Date of Birth

School Year and Grade Level last enrolled at school listed above.

Thank you so much for your prompt attention to the above request.

Date

Parent's Signature

Date

True Light Shines Academy Admissions

The Admissions Office will request records for all accepted students after the completion of the current school year. If a student transfers to TLSA during the school year, records will be requested immediately upon acceptance