

Tabernacle Christian School

*"If Excellence Is A Possibility, Then Good
Is Not Good Enough"*

*301 Market Street
Clarksville, TN 37042
(931) 552-9431
Fax (931) 552-9148*



STUDENT APPLICATION A CHRISTIAN SCHOOL FOUNDED IN 1999

OFFICIAL USE ONLY

APPLICANT'S FULL LEGAL NAME: _____

NAME PREFERRED: _____

APPLICANT FOR GRADE: _____ ACADEMIC YEAR: _____

Date Received: _____

____ Application Complete

____ Family Questionnaire

____ Birth Certificate

____ Shot Record (TN card)

____ Physical

____ Church Affiliation

____ Social Security #

____ Application Fee

____ Registration Fee

____ Financial Contract

ADMISSION APPLICATION, 2015-2016 PRE-K3 THROUGH GRADE 5

FOR OFFICE USE ONLY

Date Rec'd _____

Int. Date _____

App. Fee _____

Check # _____

Update _____

Status _____



Please print or type and return the application with a nonrefundable application fee of \$35.00 for Pre-K 3 & Pre K 4 Application fee for K - 5th Grade is \$50.00 with a nonrefundable. Please complete all information.

Applicant Data

Applicant's Name _____
Last First Middle Name Used

Applying for Admission to Grade _____ (for the academic year beginning August 2015)

If your child is applying for Pre K he/she must be fully potty trained before consideration of admission.

Social Security Number _____ Date of Birth _____ Birthplace _____ Sex _____
Required Mo. Day Yr.

Applicant's Home Address _____
Street
City State Zip County Home Phone _____

Present School _____ Present Grade _____

School Address _____
Street
City State Zip School Phone _____

Family Data

Full Name: _____
Dr./Mr. (Father) Dr./Mrs./Ms.: Underline Maiden (Mother)

ADMISSION APPLICATION, 2015-2016 PRE-K3 THROUGH GRADE 5

Mother:

Home Address _____

Street

City

State

Zip Code

Home Phone _____

Cell Phone _____

E-Mail _____

Occupation and Title _____

Business Name/Address _____

Business Phone _____

Father:

Home Address _____

Street

City

State

Zip Code

Home Phone _____

Cell Phone _____

E-Mail _____

Occupation and Title _____

Business Name/Address _____

Business Phone _____

Are both parents living? _____ Divorced? _____ Separated? _____

In cases of divorce or separation, to whom should correspondence legally be sent? _____

Has a previous application to TCS been submitted? Yes No

If yes, for what grade(s) and year(s) _____

With whom does the applicant live? Mother ____ Stepmother _____ Father ____ Stepfather _____

Other (please explain) _____

Who has legal/physical custody of the applicant? _____

Who will assume financial responsibility for the applicant? _____

Brothers and sisters of applicant (Name, school, grade, age): _____

ADMISSION APPLICATION, 2015-2016 PRE-K3 THROUGH GRADE 5

List all previous schools attended and dates of attendance:

School	Dates	Grade

Has the applicant ever attended a school or program designed for students who have academic or other needs (such as programs for the gifted, special learning, etc.)? If so, please describe. _____

Student's grades have been: Superior Above Avg. Average Below Average

Has student failed any grade? YES NO If yes, what grade? _____

Does your child have an IEPP? YES NO

Has student ever been suspended or expelled? YES NO

If yes, explain please: _____

Reason for selecting this school _____

Who recommended TCS to you? _____

EMERGENCY INFORMATION

Responsible adult to contact
if parents can't be reached _____

Name

Phone

I authorize TCS to contact the above person(s) _____

Please sign

Child's Physician _____

Phone

Church now attending: _____

PASTOR

Do you attend Sunday School? YES NO

ADMISSION APPLICATION, 2015-2016 PRE-K3 THROUGH GRADE 5

Name of two additional people to call if parent's cannot be reached in an emergency:

Name _____ Relationship _____

Phone _____

Name _____ Relationship _____

Phone _____

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the Physician indicated above and follow his/her instructions. If it is impossible to contact the Physician, the school may make whatever arrangements necessary.

Parents Signature _____

Date: _____

If any medical status changes during the year, please notify the administration office at 931-552-9431. Please list allergies, or medications taken on a regular basis, and the dosage given, and any additional medical problems that the school should be aware of:

Will the student require medication during school hours? _____

(Further information must be filled out in the Administration Office before administering).

Students can not self medicate. (All medication prescribed or over the counter must be checked in the administration office.) Students not adhering to this policy could be expelled from our campus.

If yes, please list type and dosage _____

Asthmatic

Yes/No

Breathing Treatments

Yes/No

ADMISSION APPLICATION, 2015-2016 PRE-K3 THROUGH GRADE 5

An inhaler must be left on premises. Epi-pen users must have one present with teacher.
Please list any physical handicaps that your child may have that would affect their participation in class activities or physical activities, so that accommodations can be made.

Has your child been diagnosed with ADD, ADHD, ODD? _____

Date of diagnoses _____ Physician: _____

Medication(s) _____ Dosage: _____

Child's Health History Checklist

Child's Name _____

Birth Date _____

Parent's or Guardian's Name _____

The answer to these questions will help us to know if your child has any medical problems. We need this information in case they should become ill and we would be unable to reach you right away. Please circle the right answer. We will go over the checklist with you when you have finished.

Pregnancy and Birth

- | | | | |
|-----|----|----|---|
| Yes | No | 1) | Were there any problems with pregnancy or your child's birth? |
| Yes | No | 2) | Was his/her birth weight under 5 ½ pounds? |
| Yes | No | 3) | Did the baby have any problems in the hospital? |

Medical Problems

- | | | | |
|-----|----|-----|--|
| Yes | No | 4) | Has your child ever been in the hospital overnight? |
| Yes | No | 5) | Is your child taking any medicine? |
| Yes | No | 6) | Any allergies or reactions to medicine, DTP or other shots or insects? |
| Yes | No | 7) | Has your child had asthma or wheezing? |
| Yes | No | 8) | Does your child have speech or hearing problems? |
| Yes | No | 9) | Has your child had more than two ear infections in a year? |
| Yes | No | 10) | Has your child had tonsillitis? |
| Yes | No | 11) | Does your child have trouble with his/her eyes or seeing? |
| Yes | No | 12) | Has your child had a bladder or kidney infection? |
| Yes | No | 13) | Does he/she have burning when urinating? |
| Yes | No | 14) | Does he/she have seizures, fits, or shaking spells? |
| Yes | No | 15) | Have you ever been told your child has a heart murmur? |
| Yes | No | 16) | Is your child able to play as hard as other children? |
| Yes | No | 17) | Has your child ever had a bumpy, swollen reaction to the TB skin test? |
| Yes | No | 18) | Has your child ever been with anyone who have TB? |
| Yes | No | 19) | Has your child ever had worms? |
| Yes | No | 20) | Does your child scratch his/her genital area? |
| Yes | No | 21) | Is your child a hemophiliac (free bleeder)? |
| Yes | No | 22) | Is your child on a heart monitor? |
| Yes | No | 23) | Does your child have tubes in his/her ears? |

Older Girls

- | | | | |
|-----|----|-----|--|
| Yes | No | 24) | How old was your daughter when she had her first period? _____ |
| Yes | No | 25) | Does she have any problems with her period? |

General Development

- | | | | |
|-----|----|-----|--|
| Yes | No | 26) | Is your child in a special education class in school? |
| Yes | No | 27) | Does your child get along with other children? |
| Yes | No | 28) | Is he/she usually happy? |
| Yes | No | 29) | Does your child have any special problems not indicated above? |
| Yes | No | 30) | When did your child last see a doctor? _____ |

CONDITIONS AND TERMS OF AGREEMENT

I UNDERSTAND AND AGREE TO THE FOLLOWING CONDITIONS OF ADMISSION:

1. This formal application for admission will not be considered complete until (a) the nonrefundable application fee of \$35 is remitted for Pre K. For Kindergarten – 5th Grade is \$50.00; (b) the school receives previous school records (applicants grades K through 5; (c) the admission test scores are received; and (d) applicant evaluation/interview has taken place.
2. Student will not be enrolled until tuition and fees are paid.
3. Students are admitted for one year at a time, and the school reserves the right of suspension or dismissal at any time during the school year. Any pupil who persistently neglects work, who fails to meet academic standards, who exercises poor citizenship, or who fails to cooperate may be asked to withdraw from school.
4. Following admission, applicants will complete their registration by payment of a registration fee and completion of the student handbook and tuition fee contract.
5. The Tabernacle Christian School reserves the right to determine the placement of the applicant in the grade level or subjects judged most appropriate for his/her school experience based on tests scores and other academic indicators.
6. Teacher evaluation forms and related information become the confidential property of the Tabernacle Christian School Admission Office.

The \$35.00 for Pre K 3 & 4 or \$50.00 for Kindergarten – 5th Grade non-refundable application fee must accompany this application.

Date _____ Signed _____

**PLEASE ATTACH
CURRENT
PICTURE
HERE
(OPTIONAL)**

NOTICE OF NONDISCRIMINATORY POLICY

Tabernacle Christian School admits students of any race, color, gender, and national or ethnic origin to all the rights, privileges, and activities generally made available to students at the school. Tabernacle Christian School does not discriminate on the basis of race, color, gender, and national or ethnic origin in administration of its employment practices, educational policies, admission policies, and athletic or other school-administered programs.

TABERNACLE CHRISTIAN SCHOOL FAMILY QUESTIONNAIRE

Parent Name(s) _____

Child's Name: _____

Date: _____

Church Affiliation _____ Pastor: _____

This information is held in strict confidence and is available only to Executive Board members and administrative staff

1. What are your reasons for applying to send your child or children to TABERNACLE CHRISTIAN SCHOOL?

2. Describe what you feel would be an appropriate way to address a concern that you might have with a classroom teacher/administrator concerning a school issue.

3. What is your pattern of discipline in the home? _____

TABERNACLE CHRISTIAN SCHOOL FAMILY QUESTIONNAIRE

4. What is your definition of a Christian? _____

5. Do you consider yourself a Christian (yes or no)? Father _____ Mother _____

6. Briefly describe your own personal salvation experience and your faith in Christ.

Father:

Mother:

7. How do you promote Christian living in your home? _____

8. In what church activities do you and/or your family actively and regularly participate?

9. Please give three references who are qualified to speak of your home background, Christian life, and commitment. (Do not include relatives)

Name	Address	Occupation	Phone
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

“Some of the information requested in this application may seem overly personal to some individuals. Please understand that all information requested is needed in order for the school to understand the child’s home experiences and to tailor the most appropriate educational experience for your child.”

Tabernacle Christian School

Statement of Faith/Parent Cooperation Agreement

The basis of Tabernacle Christian School is the infallible Word of God, written, and the Scriptures of the Old and New Testaments, as they are interpreted, in the Christian Faith. In accordance with these confessions, we hold unreservedly to the sovereignty of God, revealed in the Lordship of Jesus Christ, over the world and thus over every compartment of human activity, and submit unconditionally to the authority of Holy Scriptures, thereby recognizing these Scriptures as the supreme and final standard for Christian education and all the other matters of faith and life. TCS believes in the verbal, plenary inspiration of the Bible. Only the King James Version is used in the classroom instruction, and Bible memorization. On this basis we subscribe to the following articles of belief: (2 Timothy 3:16)

- We believe that the Lord Jesus died for our sins, according to the Scriptures, as a representative and substitutionary sacrifice, and that all who believe in Him are justified on the grounds of His shed blood.
- We believe the Bible is the written word of God, inspired by the Holy Spirit and without error in the original manuscripts. The Bible is the revelation of God's truth and is infallible and authoritative in all matters of faith and practice.
- We believe in the Holy Trinity. There is one God, who exists eternally in three persons: the Father, the Son, and the Holy Spirit.
- We believe that all are sinners and totally unable to save themselves from God's displeasure, except by His mercy.
- We believe that salvation is by God alone as He sovereignly chooses those He will save.
- We believe His choice is based on His grace, not on any human individual merit, or foreseen faith.
- We believe that Jesus Christ is the eternal Son of God, who through His perfect life and sacrificial death atoned for the sins of all who will trust in Him, alone, for salvation.
- We believe that God is gracious and faithful to His people not simply as individuals but as families in successive generations according to His Covenant promises.
- We believe that the Holy Spirit indwells God's people and gives them the strength and wisdom to trust Christ and follow Him.
- We believe that Jesus will return, bodily and visibly, to judge all mankind and to receive His people to Himself.
- We believe that all aspects of our lives are to be lived to the glory of God under the Lordship of Jesus Christ.

Core Values:

TCS values are scriptural ideals that guide all areas of school life. Each member of the TCS constituency, board, staff, parents, students and alumni – is to:

Exhibit unconditional love while maintaining uncompromising truth

Tabernacle Christian School seeks to partner with likeminded parents who support the school's religious teachings, mission, and educational doctrines. Parents should have agreement with and cooperate and support the school's religious teachings, discipline, philosophy of education, and standards. Where the actions of the parents demonstrate, in the school's determination, either a lifestyle inconsistent with the school's standards or actions or an attitude inconsistent with the above, the parent/guardian agrees the school may deny admission or discontinue further enrollment of the child. The school also maintains the right to dismiss students due to a generally non-cooperative parent. **(Can two walk together, except they be agreed? Amos 3:3)**

Parent Signature (Father)

Parent Signature (Mother)

Guardian Signature

TABERNACLE CHRISTIAN SCHOOL
301 MARKET STREET
CLARKSVILLE, TN 37042
(931) 552-9431 or (931) 552-9148

Student Release Record

To Releasing School:

(School Name)

(School Address)

(City, State)

Dear Administrator/principal:

My child/children have been withdrawn from your school body. Please release his/her academic and health records to the following school. Thank you for your assistance.

TABERNACLE CHRISTIAN SCHOOL
301 MARKET STREET
CLARKSVILLE, TN 37042
(931) 552-9431 or (931) 552-9148
FAX (931) 552-9766

Student's Name (Last Name First)	Age	Grade level at time of Withdrawal

Signature of Requesting Parent/Guardian

Signature of Receiving Principal

