



Current Family Application

Parents' Names: _____

Home Phone: _____ Father's Cell Phone: _____

Email: _____ Mother's Cell Phone: _____

Name of Student: _____

Birthday: _____ Anticipated grade for next school year: _____

Name of Student: _____

Birthday: _____ Anticipated grade for next school year: _____

Name of Student: _____

Birthday: _____ Anticipated grade for next school year: _____

Name of Student: _____

Birthday: _____ Anticipated grade for next school year: _____

Please list the reasons you desire to continue to partner with the community school to educate your children.

Name of Church Your Family Attends: _____

Please check the selection that applies to each family member's church attendance:

Father:	_____weekly	_____monthly	_____occasionally
Mother:	_____weekly	_____monthly	_____occasionally
Children:	_____weekly	_____monthly	_____occasionally

Name of Pastor (or someone in your church leadership who knows your family):

This application must be accompanied with the registration fee and packet. Upon receipt of the application, re-enrollment will be reviewed for the upcoming school year.

Father's Signature: _____ Date: _____

Mother's Signature: _____ Date: _____

Tampa Christian Community School admits students of any race, color, national and ethnic origin. We do not discriminate on the basis of race, color, national or ethnic origin in administration of educational policies, admissions policies, athletic and other school-administered programs.

Administration reserves the right to dismiss a child/family.

For office use: Date received: _____ Registration Fee Paid: _____ Check #: _____