



New Family Application Checklist

Family Name: _____

Student(s): _____

Please initial or place a check by the following items and sign below.

_____ We have enclosed our completed New Family Application

_____ We have enclosed a Student Application for each child applying to attend TCCS.

_____ We have enclosed our child(ren)'s non-refundable intent fee of \$ _____ .
• \$100 per student application

_____ We have enclosed recent school records/standardized testing scores/report cards for each child applying to TCCS.

_____ Our signature below acknowledge that we have completed the parenting course *Growing Kids God/s Way* or are currently enrolled with a completion date of _____

_____ Our signature below acknowledge that we have completed the parenting course *Age of Opportunity* or are currently enrolled with a completion date of _____

Father's Signature: _____ Date: _____

Mother's Signature: _____ Date: _____

For office use:

Date received: _____

Intent Fee Paid: _____ Check #: _____

Student Visitation Date: _____ Interview Date: _____

Notes:



New Family Application

Parents' Names: _____

Mailing Address: _____

City: _____ Zip Code: _____

Home Phone: _____ Email: _____

Father's Occupation: _____ Mother's Occupation: _____

Father's Cell Phone: _____ Mother's Cell Phone: _____

Children: List *all* children, not only those applying for acceptance at TCCS

Name	Age/Grade	Birth-date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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):

Please summarize how you came to know Jesus Christ as your Savior and describe what He means to you now.

Father: _____

Mother: _____

Please list the church or Christian service activities in which your family is currently involved:

Father: _____

Mother: _____

Please list the parenting classes you have taken, the location, the year and the instructor:

Please summarize your philosophy of parenting:

Please list the reasons you desire to unite with the community school:

Please describe the area(s) in which you believe the Lord has gifted you and your spouse. List also your talents.

This application needs to be accompanied by a \$100 intent fee per student. Upon receipt of application and intent fee, a date will be set for your family's interview. Your admission into TCCS will be determined by the interviewing process. Upon acceptance, your registration fee per student will be due (\$100 intent fee will be applied). Please continue to pray for God's leading in this process.

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.



Student Application

Full Legal Name of Student: _____ Goes by: _____

Parent's Names: _____

Home Phone: _____ Email: _____

Father's Cell Phone: _____ Mother's Cell Phone: _____

Student's Birthdate: _____ Anticipated grade for next school year: _____

Student must be 4 by Sept. 1st to enter Pre-K. Student must be 5 by Sept. 1st to enter K. Student must be 6 by Sept. 1st to enter 1st grade.

Current grade _____ Current School _____

Have you applied or will you be applying at any other school this year? If so, which?

Has this student ever repeated a grade? _____ Has your child ever participated in standardized testing? _____

If a child has shown any indication of the following, it is the parent's responsibility to disclose that information on the Student Application: specific learning disabilities, behavior disorders, psychiatric issues, special accommodation in the classroom of any kind, suspension, expulsion or other forms of administrative intervention. For the sake of the child, we want to be able to make as informed a decision as possible, thereby enabling the child to grow and change to experience a fresh start. In order to fulfill the covenant we have with our families to offer the kind of campus environment that aligns with our philosophy, we must be given a complete and accurate review of the child's history.

Has this student had any scholastic difficulty, indication of specific learning disabilities, behavior issues, or psychiatric issues? _____

Please explain any answers to which you answered "yes." _____

Does your child have any history of behavior problems that have resulted in suspension, expulsion or other forms of administrative intervention or placement in special programs? _____

Please explain any answers to which you answered "yes." _____

Does your child need special accommodations of any kind in the classroom? _____

Please explain any answers to which you answered "yes." _____

Please summarize your child's present spiritual condition:

***Current TCCS Families:** Submit a Student Application with a registration fee for each child.

***New TCCS Families:** Submit a Student Application with a Family Application, Intent Fee, recent standardized testing scores and a recent report card, if applicable, to TCCS, P.O. Box 341193, Tampa, FL 33694-1193



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