

TRIUMPHANT LEARNING CENTER

Waiting List Application

OFFICE USE ONLY		
ENROLL DATE _____	ENTRY CODE _____	GRADE _____
School Requested From _____		
Date Requested _____	Received _____	
Student ID _____	SAIS ID _____	
Entered SM By _____	Date _____	Last/Grad Date: _____

STUDENT INFO	Legal First Name	Legal Last Name	Nickname if applicable
	Date of Birth	Current Age	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
	Place of Birth City: _____ State: _____		

Previous School	School most recently attended	Grade	Date Withdrawn
	Address & Phone Number if outside Graham County		

Select one:

1. Student lives with both natural/adoptive parents.
2. Student lives with both divorced parents equally through joint custody.
3. Student lives with custodial parent.
4. Student lives with grandparent(s).
5. Student lives with foster parent(s).
6. Student lives with legal guardian(s).

Student History

SERVICES	Does student currently receive any of these special services? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Gifted/Talented <input type="checkbox"/> Speech <input type="checkbox"/> Occupational Therapy
	Does student currently have an IEP (Individual Education Plan)? <input type="checkbox"/> YES <input type="checkbox"/> NO
	Does student currently have a 504 (Accommodation Plan)? <input type="checkbox"/> YES <input type="checkbox"/> NO
	Has student participated in the English Language Learner program? <input type="checkbox"/> YES <input type="checkbox"/> NO
	Has student every been expelled or long-term suspended? <input type="checkbox"/> YES <input type="checkbox"/> NO

LANGUAGE	What is the primary language used in the home regardless of the language spoken by the studentsÑ	
	What is the language most often spoken by the student?	
	What is the language that the student first acquired?	

RACE	Is your child of Hispanic or Latino Origin? <input type="checkbox"/> YES <input type="checkbox"/> NO
	What race(s) do you consider your child? (Check all that apply) <input type="checkbox"/> White/Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Hawaiian/Pacific Islander

This questionnaire is intended to address the McKinney-Vento Act. The answers will help determine services the student may be eligible to receive.

MV Eligibility	Is your current address a temporary living arrangement due to loss of housing or economic hardship? <input type="checkbox"/> YES <input type="checkbox"/> NO
	Is the student in a temporary foster care placement or awaiting foster care? <input type="checkbox"/> YES <input type="checkbox"/> NO

For Office Use Only	
<input type="checkbox"/> Services: _____	<input type="checkbox"/> NA
Staff: _____	Date: _____

TLC PARENT CONTACT INFORMATION

PRIMARY HOUSEHOLD	Household information where student primarily resides.	
	#1 Parent/Guardian Name	Check One <div style="display: flex; justify-content: space-around; font-size: small;"> Mother Father Guardian </div> <div style="display: flex; justify-content: space-around; font-size: small;"> Step-Parent Grandparent </div>
	Landline Phone #	Email Address
	Cell Phone #	
	Employer	Work Phone #
	#2 Parent/Guardian Name	Check One <div style="display: flex; justify-content: space-around; font-size: small;"> Mother Father Guardian </div> <div style="display: flex; justify-content: space-around; font-size: small;"> Step-Parent Grandparent </div>
	Cell Phone #	Email Address
	Employer	Work Phone #
Physical Address	Mailing Address if different	

SECONDARY HOUSEHOLD	<i>If student splits living arrangements between parents, please list secondary household information below.</i>	
	#1 Parent/Guardian Name	Check One <div style="display: flex; justify-content: space-around; font-size: small;"> Mother Father Guardian </div> <div style="display: flex; justify-content: space-around; font-size: small;"> Step-Parent Grandparent </div>
	Landline Phone #	Email Address
	Cell Phone #	
	Employer	Work Phone #
	#2 Parent/Guardian Name	Check One <div style="display: flex; justify-content: space-around; font-size: small;"> Mother Father Guardian </div> <div style="display: flex; justify-content: space-around; font-size: small;"> Step-Parent Grandparent </div>
	Employer	Work Phone #
	Cell Phone #	Email Address
Physical Address	Mailing Address if different	

Parents are ultimately responsible for their children's education. You have chosen TLC to assist you in this endeavor. Please write a paragraph below expressing why enrollment is desired, and how your involvement and support will help ensure your child's success.

The TLC office staff primarily communicates using email when contacting families on our waiting list. Please list the best email and phone number to reach you.

Email: _____ Phone #: _____

Where did you hear about Triumphant Learning Center (TLC)?

- Friend (May we ask who? _____)
- News Article or Advertisement
- Internet or TLC web site
- Other: _____

Parent/Guardian Signature _____

Printed Name _____

Date _____

For Office Use Only Date Rcd: _____ Entered on Waiting List

NO Reply NO Reply NO Reply Asked to be removed from list Accepted

Dates: _____ Initials: _____

