



Enrollment Checklist

(Please submit this form with your enrollment package)

Student Name: _____ Student ID: _____

Age: _____ DOB: _____ Grade: _____ Car # _____

Documentation to submit:

- _____ Enrollment Checklist (*This Form*)
- _____ Enrollment's Application
- _____ \$50 New Student Application Fee (*Due at Registration*)
- _____ School Records from current school (*Grades, IEP, etc. The ITCA office will order Official Records*)
- _____ Pick Up Approval Form
- _____ Liability Release Agreement
- _____ Media/Photography Consent
- _____ Scholarship Award Letter
- _____ Current Physical (*Notice will be given as to expiration date of current physical*)
- _____ Current Immunization Records (*Religious Exemptions, and Medical Exemptions will be accepted - notice will be given as to expiration of immunization on file*).
- _____ Copy of Students' Social Security card (*Optional*)
- _____ Copy of Student's Birth Certificate
- _____ Student's Medical Insurance Card
- _____ Copy of Parent's Driver's License (*Must bring a Driver's License to the office*)
- _____ Parent's Orientation
- _____ Remind App Registration
- _____ Student's Handbook

Please be aware, students will not be allowed to attend class if immunization and physical records are not up to date at the start of the school year.

Additional Documentation if applies:

- _____ First Month's Tuition and Fees (*Due at Registration*)
- _____ \$250 Registration Fee (*\$100 Due at Enrollment*)
- _____ Transportation Waiver (*If student needs the service*)
- _____ Transportation Application (*If student needs the service*)

Diagnostic Test Results:

_____ Math _____ English
_____ Reading _____ World Building



Student's Enrollment Application 20__ - 20__

Office use only

⇒ Enrollment Date: _____ Student Id Number: _____

⇒ Entry Grade level: _____ Documentation completion: Yes _____

⇒ On Scholarship Yes ___ NO ___ Type: FTC ___ FES-EO ___ FES-UA ___ AAA ___

A. Student Information

Last, First, Middle _____ SS# _____

Address: _____

Student's Email: _____ Student's Ph: _____

Sex: _____ DOB: m ___ /d ___ /y ___ Home Language: _____

Is this Student Hispanic/Latino? _____ If NO, what is your primary race? _____

B. Student Educational Information

⇒ Did this student have a current Individualized Education Program (IEP) at the previous school: Yes ___ NO ___ If YES, do you have a copy of the student's IEP? Yes ___ NO ___

⇒ Does the student have difficulties that interfere with the ability to go to school or learn? Yes ___ NO ___ If YES, please explain: _____

⇒ Student Previous School attended: _____

⇒ Last Grade Level Completed: _____ Academic Level: Good ___ Average ___ Poor ___

⇒ Has this student previously attended this school: Yes ___ NO ___ If YES, when? _____

C. Parent A/Guardian Information

Last, First, Middle _____ SS# _____

Address: _____

Sex: _____ DOB: m ___ /d ___ /y ___ Work Place: _____

Home Telephone Number _____ Cell Number: _____

Work Telephone Number _____ Email address _____

Does the student live with this parent/legal guardian? Yes ___ NO ___ Relationship _____



INTEGRITY TABERNACLE CHRISTIAN ACADEMY

D. Parent B/Guardian Information

Last, First, Middle _____		SS# _____
Address: _____		
Sex: _____	DOB: m _____ /d _____ /y _____	Work Place: _____
Home Telephone Number _____	Cell Number: _____	
Work Telephone Number _____	Email address _____	
Does the student live with this parent/legal guardian? Yes _____ NO _____ Relationship _____		

E. Emergency Contact Information

1. Last, First, Middle _____	
Home Phone Number _____	Cell Number: _____
2. Last, First, Middle _____	
Home Phone Number _____	Cell Number: _____

F. Medical Information

Student Physician: _____	Telephone Number _____
Allergies: Yes ___ NO ___ If YES, please explain: _____	
Is the student on any medication? Yes ___ NO ___ If Yes:	
Medication Name: _____	
Dose: _____	

G. Scholastic Information

Has the student ever been suspended, dismissed or refused admission to another school?	
Yes ___ NO ___ If YES, please explain: _____	
Has the student ever had disciplinary difficulty at school?	
Yes ___ NO ___ If YES, please explain: _____	
Does the student have a juvenile arrest record?	
Yes ___ NO ___ If YES, please explain: _____	



H. Terms

- Application must be filled out completely.
- Fees are not refundable and due at Registration.
- A parent/legal guardian orientation is required before final acceptance.
- I understand that the school program is an integral part of child training of which I am expected to support.
- I understand that my child is expected to take part in school activities, including P.E. and sponsored trips away from the educational facility, and I absolve the school from liability to me or my child because of injury to my child at properly supervised school activities.
- I agree to uphold and support the high academic standards of the school by providing a place at home for my child to study and by encouraging my child in the completion of any homework or assignments.
- I appreciate the standards of the school and will not tolerate profanity, obscenity in word or action, dishonor to the Godhead or the Word of God, or disrespect to the staff of the school.
- I have received and understand that I am responsible for reading the **student's handbook**, and I hereby agree to support regulations published in it on the applicant's behalf.
- I understand that the school reserves the right, after a parental orientation, to dismiss any child who fails to comply with established regulations and discipline or whose parents do not assume their responsibilities to the school.
- I understand that it is my responsibility to pay the withdrawal fee if I decide to withdraw the student (s) from school before the end of the school year.
- I agree to accept the terms stated on this application.

I. Signature

I verify and certify that the information provided in this document is true and correct to the best of my knowledge.

Parent/Legal Guardian Signature

Parent/Legal Guardian Signature

ITCA School Principal