



Trinity Chapel Academy

Elementary Application for Admission

“Educational Excellence with Love, Acceptance, and Forgiveness”

4665 Macland Road
Powder Springs, Georgia 30127
678-831-1062
Albert LaBoy, Headmaster

Student Name _____

School Year _____ Grade applied for _____

Office Use Only

Date Application Received _____ Complete _____
Priority () Sibling () Preschool () Church Member () Public
Testing Date _____ Interview Date _____
Acceptance Date _____ Grade Placement _____

Student Information

School Year _____

Applying for Grade _____

Student's Full Name _____
(first) (middle) (last)

Preferred Name or Nickname _____

Date of Birth _____ Place of Birth _____ Sex Male Female

Race _____ Social Security # _____

Student's Residence:

Street Address _____

City _____ State _____ Zip _____ County _____

Home Telephone: _____

Send all official school correspondence to: Home address of student

Other: _____

Mother's Name _____

Natural Step Adoptive

SS # _____

Employer _____

Work Phone _____

Cell Phone _____

E-Mail _____

Father's Name _____

Natural Step Adoptive

SS # _____

Employer _____

Work Phone _____

Cell Phone _____

E-Mail _____

Marital status of natural parents: Married Separated Divorced Remarried

Student resides with: Both Parents Mother Father Guardian

If Parents are separated or divorced, who has legal custody? _____

***Please note: We cannot legally restrict a natural parent from picking up a child unless custody papers are on file!**

Financially Responsible _____

Siblings

Name

Age/ Grade

School

Previous School Attended

Name _____ Grade(s) Attended _____

Address _____

City _____ State _____ Zip _____ County/District _____

Church Affiliation

Church Name _____ Denomination _____

Address _____

Pastor's Name _____ Membership: Active Member Inactive Member

Parent Questionnaire

How did you hear about Trinity Chapel Academy?

Advertisement Church Website Friend _____

Why do you wish to enroll your child at TCA? _____

What do you expect your child to achieve by attending TCA? _____

If transferring from another school, how would you describe your student's grades? (Grades 2 - 5 only)

Superior (A) Above Average (A/ B) Average (B/C) Below Average (below C)

Does your child have any special learning problems? _____ If yes, please explain _____

Has your child ever undergone or been recommended for an educational evaluation by a clinical psychologist, psychiatrist or counselor? yes no If yes, please include a copy of the evaluation.

Has any attention-enhancing medication ever been prescribed for this applicant? yes no

Medication name _____ Dosage _____ Frequency _____

Has your child ever been suspended from school? _____ If yes, for how long and why? _____

Has your child ever been expelled from, asked to leave, or not been invited to return to any school? _____

If yes, please explain _____

Which subject does your child enjoy most? _____ Why? _____

Which subject does your child enjoy the least? _____ Why? _____

What are their interests and hobbies? _____

What would you describe as your child's greatest strength? _____

What would you describe as your child's weakness? _____

Is there any other information you can share with us that might help in meeting your child's particular needs?

Medical / Emergency Information

Please list any medical conditions and / or allergies for this student:

Is your child taking any medications for a medical condition? () Yes () No

Medication name	Dosage	Frequency
_____	_____	_____
_____	_____	_____

Physician's Name _____ Phone _____
Hospital Preference _____

Medical Insurance :
Company _____
Policy or Group # _____
Policyholder Name _____

In case of emergency, we grant permission to secure medical treatment, hospital services, or lab tests for our son / daughter at our expense.
For simple ailments such as headaches, I give my permission for Tylenol to be administered to my child. The school office will call to verify dosage in each incident.

(parent signature)

In case of emergency and parents cannot be reached, please call:

_____	_____	_____
(Name)	(Relationship)	(Phone)
_____	_____	_____
(Name)	(Relationship)	(Phone)

To the best of our knowledge, the information contained in this application is true and accurate. The applicant desires to be a part of Trinity Chapel Academy. I have read the Mission Statement and Philosophy Statement and will support TCA's inclusion of its perspective in all areas of school life. I have also read the rules governing the Financial Contract and agree to abide by them. Falsification, misrepresentation or the withholding of information on this application are grounds for denial of a student's application or immediate dismissal of the student if discovered after acceptance.

Date _____ Parent/Guardian's Signature _____

Notice of Nondiscriminatory Admission Policy

Trinity Chapel Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities available to all students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in the educational policies, admissions policies, scholarship, athletic or other school administered programs.

Message from the Headmaster

Dear Parents:

Thank you for your interest in Trinity Chapel Academy. Selecting your child's school is an important decision, and one that will leave a lasting impression as you prepare your child for the future.

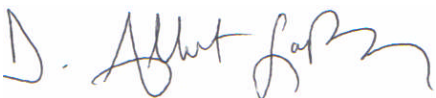
At Trinity Chapel Academy, we're committed to educating the whole child – in body, knowledge and spirit. Our goal is to produce intellectually competent, spirit-filled, confident individuals with healthy, alert minds and bodies.

With this in mind, we use a broad range of curricula (including Bob Jones, Positive Action, McDougal-Littell to name a few) to build a strong educational foundation. We expand our students' horizons by exposing them to various cultures and ideas. We also introduce students to foreign language at an early age.

As a Christian school, we are committed to leading children to a personal relationship with God. The biblical principles of discipline, stewardship and obedience to God – as well as those in authority over us – are the cornerstones of our educational philosophy. Trinity Chapel Academy will be a place where students can learn about the world around them within the context of God's infallible Word. Our goal is to produce Christ-like individuals who reflect the sentiments expressed in Luke 2:40: *"And the child grew and became strong in spirit, filled with wisdom; and the grace of God was upon him."*

Again, thank you for considering Trinity Chapel Academy as your child's school. If you would like further information or would like to set up a personal appointment, please contact me at 678-831-1062. I hope to hear from you soon.

In Christ,

A handwritten signature in blue ink that reads "D. Albert LaBoy". The signature is written in a cursive style with a large, sweeping flourish at the end.

Albert LaBoy
Headmaster



2008 - 2009 Tuition and Fee Schedule
New Students

Application Fee * due with application	
(Before April 15, 2008)	\$100.00
(After April 15, 2008)	\$150.00

Additional Fees:

Registration/Classroom fee* due upon acceptance	
Grades K - 5	\$340.00
Grades 6 - 8	\$380.00
Grades 9 - 10	\$500.00

Science Lab Fees	
Grades 6 - 10	\$ 60.00

***Application and Registration Fees are NON-REFUNDABLE.**

Annual Tuition

Grades K - 5	\$ 5,480.00
Grades 6 - 8	\$ 5,620.00
Grades 9 - 10	\$ 8,000.00

Before School Care	
7:00 a.m.—7:45 a.m.	No Charge

After School Care	
After School until 6:30 p.m.	\$10 per student per day
Late Pick Up Fee (after 6:30 p.m.)	\$1.00 per minute

Discounts Available:

Sibling - Oldest student's tuition is full price. Younger students receive a 5% discount on the tuition rates listed above.

Tithing - A 10% tuition discount is given to tithing members of Trinity Chapel Church of God. Your giving envelope number must be provided on the Financial Contract for this discount to apply. You will find your envelope number on your annual giving statement or you may obtain it by calling the church office at 770-222-7023. Tithing status will be verified by the Finance Office before the tuition discount can be applied.

Payment Plans

Full Payment (3% discount if tuition is paid in full on or before July 1st, 2008.

10 Payment - (1/10 tuition due July - April) - Available only through automatic bank draft per agreement with FACTS Tuition Management Company.



2008-2009 Application and Admission Procedures

1. Applications for the upcoming school year may be turned in any time after January 7th, 2008. **Only completed applications will be accepted.** Applications must contain the following items to be considered complete:
 - a. **Copy** of student's Certified Birth Certificate
 - b. **Copy** of student's Social Security Card
 - c. **Current** Georgia Certificate of Immunization. This certificate cannot be expired.
 - d. Certificate of Ear, Eye and Dental Examinations
 - e. Authorization and Permission to Release Information form completed and signed. TCA will request the necessary records from the applicant's current school.
 - f. \$100.00 non-refundable application fee (before April 15th). This fee is non-refundable even if the student is not accepted or placed on a waiting list. **After April 15th, the application fee will increase to \$150.00.**
 - g. Confidential Teacher and Administrator/Counselor Questionnaire Forms should be delivered to the teacher(s)/administrators by the parents. English and Math Teacher Questionnaire forms are **both** required for Middle and High School students. These should be mailed or faxed directly to TCA by the teacher. Questionnaire forms will not be accepted from parents.
2. Applications will be noted with the date and time that they are received complete by the office and are considered on a first come, first served basis according to the following priority status:

****Pre-registration will first be offered to students who are currently enrolled in Trinity Chapel Academy, Preschool and Mother's Morning Out and their siblings. Any remaining openings will then be offered to members of Trinity Chapel Church of God. Beginning February 4th, any available openings will then be offered to the general public.**
3. All Kindergarten and 1st grade students will participate in a Readiness Evaluation during the month of March. Upon successful completion of this evaluation, parents will be notified in writing of the student's acceptance. If further testing is deemed necessary, parents will be contacted to schedule a re-evaluation.
4. For students applying for grades 2 – 10:
 - a. Applications, records and Questionnaire forms from Teachers and Administrators will be reviewed by the Admissions Office and Administrators.
 - b. All candidates will participate in academic testing. The initial group testing date has been scheduled for Tuesday, February 19th. Additional dates will be scheduled as needed.
 - c. Once the review process and testing is successfully completed, the student and parents will participate in an interview with the Headmaster. Interviews for Middle School and High School applicants will be conducted by the Headmaster, and appropriate level Administrators and Teachers.
 - d. Parents will be notified in writing of student's acceptance or waiting list status.
 - e. Admission Requirements on reverse



2008 – 2009 Admission Requirements Grades 2 – 10

Students seeking admission to TCA, should meet the following criteria:

Academic –

1. Students in grades 2 - 10 must have a current Grade Point Average (GPA) of 2.5 or higher in core classes. These classes include Math, English, Science, Social Studies and Bible if applicable.
2. In addition, if a student applying for grades 6 – 10 fails a core class, he or she must pass the course in an approved Summer School program before being granted admission to TCA.
3. Students must score at least 80% or higher on the academic placement testing administered by TCA.
4. Students must be nationally ranked in the 65th percentile on the Stanford Achievement Test or Iowa Test of Basic Skills.
5. If standardized test scores are not available, the student must Meet or Exceed expectations for their grade level on the Spring CRCT testing. Final admission will be determined once these test scores are available.

Behavioral –

1. Students must have a Satisfactory or higher conduct grade on their current and recent report cards.
2. Students must receive Average to Excellent ratings in conduct categories on the Teacher and Administrator/Counselor Questionnaires.
3. TCA does not admit students who have been expelled from or have not been invited back to attend other schools for behavioral reasons.
4. TCA does not admit students who have received ISS or OSS (In School or Out of School suspensions) from other schools for fighting or other aggressive behavior.

Should you have further questions regarding your student's application, please feel free to call the Admissions Office at 678-831-1062.



GA Special Needs Scholarship Applicants

Trinity Chapel Academy has been approved by the GA Department of Education to accept students through the GA Special Needs Scholarship Program. Please read the following information regarding the application process for your student:

1. GA SNS students may apply for admission after April 1st, 2008.
2. Application fees for GA SNS students will not increase until after May 1st, 2008.
3. All SNS applicants should include a copy of the following items:
 - a. Copy of a Certified Birth Certificate
 - b. Copy of current GA Immunization Form
 - c. Copy of Hearing, Vision and Dental Form
 - d. Copy of student's Social Security Card
 - e. Copy of student's most recent IEP
 - f. Copy of the Scholarship Eligibility and Estimator from the GA DOE website.
4. Please follow the instructions in the Application Procedure.
5. Tuition for SNS students will be slightly higher than the published rates and will be based on the additional services that will be provided.
6. At this time, TCA does not have the staff to provide services for the following students:
 - a. Students with severe learning disabilities.
 - b. Students who have been diagnosed with Autism.
 - c. Students who have been diagnosed with behavioral disorders.
7. All Special Needs Scholarship Applications will be carefully reviewed and considered on a case by case basis by the administration. TCA may not be able to provide all services needed for an individual student. Please contact the Admissions Office for questions regarding your student's individual situation.



Trinity Chapel Academy
4665 Macland Road
Powder Springs, GA 30127
Phone: 678-831-1062 Fax: 770-439-9850

Authorization and Permission to Release Information

I hereby authorize and request the release of ALL medical, educational, disciplinary, social and/or psychological information regarding the named applicant for the purposes of applying for admission to Trinity Chapel Academy.

Student Name _____ Birth Date ____/____/____

I release the following from all liability and all claims pertaining to the disclosure of this information:

Previous School(s) attended:

1. Name _____ County _____
Address _____
City _____ State _____ Zip _____ Phone _____
2. Name _____ County _____
Address _____
City _____ State _____ Zip _____ Phone _____

Parent Signature _____ Date _____

Schools

Please complete the following information:

The above named student has applied for admission to Trinity Chapel Academy. Please send **copies** of the following records for our staff to review for admission purposes:

- ____ Birth Certificate
- ____ Social Security Card
- ____ Hearing, Vision, Dental Forms
- ____ Immunization Records
- ____ All Report Cards (**Please include current grading period**)
- ____ All Standardized Test Scores (**Please include current school year if available**)
- ____ Behavior / Discipline Records
- ____ Final Report Card and Transcript



CONFIDENTIAL ADMINISTRATOR / COUNSELOR QUESTIONNAIRE

Grades K – 5

To be completed by Administrator or Guidance Counselor

Instructions to Parent or Guardian: Complete items 1 - 7 and give to your child's Administrator or Guidance Counselor with a stamped envelope addressed to :

**Trinity Chapel Academy
4665 Macland Road
Powder Springs, GA 30127**

1. Applicant's Name _____ **2. Applying for Grade** _____

My son/daughter is applying for admission to Trinity Chapel Academy. I hereby authorize the release of my child's records and evaluative data to Trinity Chapel Academy and agree to hold the school, teacher and administrator below harmless for information provided in this questionnaire. In addition, I waive my right to view the contents of this completed form.

3. Parent Signature _____ **4. Date** _____

5. Administrator or Counselor's Name _____

6. Homeroom Teacher _____ **7. School** _____

Instructions for Administrator or Counselor: *Please use your professional judgment to answer the questions on both sides of this form. The information you share with us will be kept strictly confidential unless you authorize permission for this information to be shared. Thank you.*

Please check that a copy of the following items are sent to the address listed above for the Admissions Office to review:

- Birth Certificate
- Immunization Records
- Social Security Card
- Hearing, Vision and Dental Form
- Standardized Testing Scores (please include current school year if available)
- All Report Cards (**please include current quarter or semester grades**)
- All Behavior or Discipline records

1. How long have you known this applicant? _____

2. Have any special provisions been made for this student? (ex: student requires that tests be given orally, or requires extra time to complete tests) _____ If yes, please explain:

3. Has curriculum been modified in any subject area for this student? _____ If yes, please explain

4. Has the student ever been recommended for or identified as needing:
- | | | | |
|-----------------------|--------------|----------------------|--------------|
| Psychological Testing | Yes___ No___ | Grade Retention | Yes___ No___ |
| Special Education | Yes___ No___ | Tutoring | Yes___ No___ |
| Gifted Program | Yes___ No___ | Testing for ADD/ADHD | Yes___ No___ |

If the answer was **yes** to any of the above, did the parents follow through? Yes___ No___

5. To your knowledge, has this student had any history of behavioral problems?_____ If yes, please explain:

6. Please rate the parents' attitude toward the following:

E - Excellent **G** - Good **S** - Satisfactory **U** - Unsatisfactory

Interested in child's progress _____
 Follows school policies and procedures _____
 Respects school authority _____
 Pays Tuition/Fees on time _____
 Accepts teacher suggestions _____

7. Based on your knowledge and experience with this student, please check one of the following:

_____ I strongly recommend this candidate for admission.
 _____ I endorse this candidate.
 _____ I endorse this candidate with reservations.
 _____ I do not endorse this candidate.

Administrators and Counselors,

Any information you share with us will be kept in strict confidence and will not be shared with parents unless you authorize permission for us to do so. Your honesty is greatly appreciated.

9. Do we have your permission to share any of this information with the parents? ___Yes ___No

10. May we contact you by phone or email if we have further questions? _____

Phone _____

What is the best time to reach you at this number? _____

Email _____

Administrator/Counselor Signature _____ Date _____



CONFIDENTIAL TEACHER QUESTIONNAIRE
Grades K – 5
To be completed by Current Homeroom Teacher

Instructions to Parent or Guardian: Complete items 1 - 6 and give to your child's teacher with a stamped envelope addressed to :
Trinity Chapel Academy
4665 Macland Road
Powder Springs, GA 30127

1. Applicant's Name _____ **2. Applying for Grade** _____

My son/daughter is applying for admission to Trinity Chapel Academy. I hereby authorize the release of my child's records and evaluative data to Trinity Chapel Academy and agree to hold the school, teacher and administrator below harmless for information provided in this questionnaire. In addition, I waive my right to view the contents of this completed form.

3. Parent Signature _____ **4. Date** _____

5. Teacher's Name _____ **6. School** _____

Instructions for Teacher: *Please use your professional judgment to answer the questions on both sides of this form. The information you share with us will be kept strictly confidential unless you authorize permission for this information to be shared. Thank you.*

How long have you known this applicant? _____

Excellent Above Average Average Below Average Improvement Needed Not Observed

	Excellent	Above Average	Average	Below Average	Improvement Needed	Not Observed
Independent Work						
Cooperation with Peers						
Cooperation with Adults						
Self-Control						
Responsibility						
Emotional Stability						
Response to Correction						
Gross Motor Development						
Organizational Skills						
Imagination and Creativity						
Motivation						
Oral Language Expression						
Written Language Expression						
Math Achievement						
Reading Achievement						
Concentration						
Memory and Retention						
Ability to Follow Instruction						
Overall Classroom Performance						
Overall Classroom Conduct						

Continued on Reverse

1. Have any special provisions been made for this student? (ex: student requires that tests be given orally, or requires extra time to complete tests) _____ If yes, please explain:

2. Has curriculum been modified in any subject area for this student? _____ If yes, please explain

3. Has the student ever been recommended for or identified as needing:

Psychological Testing	Yes___ No___	Grade Retention	Yes___ No___
Special Education	Yes___ No___	Tutoring	Yes___ No___
Gifted Program	Yes___ No___	Testing for ADD/ADHD	Yes___ No___

If the answer was **yes** to any of the above, did the parents follow through? Yes___ No___

4. To your knowledge, has this student had any history of behavioral problems? _____ If yes, please explain:

5. Please rate the parents' attitude toward the following:

E - Excellent **G** - Good **S** - Satisfactory **U** - Unsatisfactory

Interested in child's progress	_____
Follows school policies and procedures	_____
Respects school authority	_____
Accepts teacher suggestions	_____

6. Based on your knowledge and experience with this student, please check one of the following:

_____ I strongly recommend this candidate for admission.
_____ I endorse this candidate.
_____ I endorse this candidate with reservations.
_____ I do not endorse this candidate.

7. May we contact you by phone if we have further questions? _____

Phone _____

What is the best time to reach you at this number? _____

Teachers,

Any information you share with us will be kept in strict confidence and will not be shared with parents unless you authorize permission for us to do so. Your honesty is greatly appreciated.

Do we have your permission to share any of this information with the parents? ___Yes ___No

Teacher Signature _____ Date _____



Application Check List

Dear Parents,

Only completed applications will be considered. The following check list will help to ensure that your application contains all necessary forms will aid in processing your child's application for admission.

- All areas of application form are completed and signed.
 - Middle and High School Applicants - The Student Questionnaire should be completed in the student's handwriting. Please do not type your answers. Thank you.
- Questionnaires have been distributed
 - Teacher Questionnaire
 - Administrator or Counselor Questionnaire
- Copies of the following items have been included in the application packet:
 - Birth Certificate
 - Social Security Card
 - Current GA Immunization Form (These forms must be updated at your pediatrician's office or Health Department when applying for grades K, 6 and 9).
 - Hearing, Vision and Dental Form
 - Authorization to Release Information has been completed, signed and returned to TCA.
- Application Fee of **\$100.00** has been included if application is being turned in **before** April 15th, 2008.
- Application Fee of **\$150.00** has been included if application is being turned in **after** April 15th, 2008. (Exception: GA SNS applicants may pay the reduced fee until May 1st, 2008.)
- GA Special Needs Scholarship Applicants - Please include the following:
 - Copy of your student's current IEP
 - Copy of your Eligibility and Tuition Estimator from the GA DOE website.

Should you have any questions, please feel free to call the Admissions Office at 678-831-1062.