



## APPLICATION PROCEDURE FOR NEW INTERNATIONAL STUDENTS

Thank you for your interest in Trinity Christian Academy. To begin the application process, please submit the following:

- Completed student Application form
- Completed Financial Commitment form
- Two reference forms are required for each student. Distribute a Reference form to your child's current **Math Teacher**, and **English or Language Teacher**. These forms will be mailed, faxed or emailed directly to TCA.
- Copies of all transcripts beginning with 8<sup>th</sup> grade
- Copy of your child's Birth Certificate
- Copy of your child's Passport
- Attach the \$100.00 application fee. This fee is per student, covers the processing of the application, and is non-refundable. For your convenience, you may pay online by:
  - 1) Log on to TcaLw.org
  - 2) Choose "Admissions"
  - 3) Choose "Pay Online" at bottom of page.
  - 4) Complete and submit payment form.

Once the above information has been received, TCA will review the application packet and contact you as to the status of your application.

Please do not hesitate to contact me if you have any questions or if I can be of assistance.

Mrs. Kristine Poznick  
Director of Admissions / Guidance  
Poznick.Kristine@tcamail.org

# Trinity Christian Academy

7259 S. Military Trail  
Lake Worth, Florida 33463  
(561)967-1900  
(561)965-4347 Fax  
www.tcalw.org

## New International Student Application 2019-2020

Student's Legal Name: \_\_\_\_\_ Name Used: \_\_\_\_\_

First Middle Last

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Hispanic/Latino Origin (yes/no): \_\_\_\_\_

Name of church you attend: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Student's e-mail address: \_\_\_\_\_ Student Cell #: \_\_\_\_\_

Student lives with:  Both Parents  Mother Only  Father Only  Guardian  Other

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### Parental Information

**Parent 1:** Name \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Street City

Province Country Postal Code

Employer/Company: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Lives with Student (Y/N) \_\_\_\_\_ Responsible for Payment (Y/N) \_\_\_\_\_

**Parent 2:** Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Street City State Zip Code

Employer/Company: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Lives with Student (Y/N) \_\_\_\_\_ Responsible for Payment (Y/N) \_\_\_\_\_

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### Emergency Contacts: (MUST be different names than listed above)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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## Medical Information

Allergies: \_\_\_\_\_ EpiPen? \_\_\_\_\_ ADD/ADHD: \_\_\_\_\_ Glasses/Contacts? \_\_\_\_\_

Medications: \_\_\_\_\_ Conditions TCA should be aware of: \_\_\_\_\_

Student's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

**Immunizations must be documented on a Florida DOH Form 680 prior to entrance into Trinity Christian Academy. .**

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## Account Information

\_\_\_\_\_ School Fee only (7:30 am – 3:30 pm)

\_\_\_\_\_ School Fee + Extended Care (6:30 – 7:30 am and 3:30 – 6:00 pm)

\_\_\_\_\_ I am interested in morning transportation to school for a \$75 monthly charge

\_\_\_\_\_ I am interested in afternoon transportation to school for a \$75 monthly charge

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## Parental Statement of Cooperation

My child has permission to participate in all activities that are planned as part of any session of the school. I understand the policies of the school as outlined in the student handbook. I pledge my continued cooperation and support of the school, its staff, and these policies understanding that failure to cooperate with said regulations will result in the dismissal of my child. I also give my permission to allow Trinity Christian Academy and Preschool to display any pictures and videos they have taken of my child during school hours or any school-related activity. This includes displaying them at school, using them as part of the school's web site, school's social media or a part of any documentation the school shall distribute including yearbook. I understand TCA requires all students to be in uniform and I will follow the published guidelines. Falsifying information on this application will result in the student's immediate dismissal or acceptance rescinded. Being aware that Trinity Christian Academy negotiates contracts with teachers, support personnel, vendors, and services for the entire year based on the registration of my child; I understand that this is a contractual agreement and that I agree to pay my 2019-2020 non-refundable tuition on a yearly basis.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_



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## New International Family Fee Plan 2019-2020

**Tuition** Annual Payment .....\$12,000.00

**OR**

Biannual Payment 1, Due July 1.....\$ 6,500.00

Biannual Payment 2, Due December 1.....\$ 6,000.00

### Per Student Fees (non-refundable)

Application Fee.....\$ 100.00

### Per Family Fees (non-refundable)

Registration Fee.....\$ 400.00

### Per Student Participation Fees

Extended Care (6:30am – 6:00pm)  
10 monthly payments.....\$ 150.00

**OR**

One annual payment .....\$ 1,400.00

#### Sports/Year \*

Middle School\*.....\$ 200.00

Varsity/Jr. Varsity\*.....\$ 300.00

#### Other Fees

Wire Transfer (Incoming).....\$ 25.00

Transportation Morning /Year.....\$ 750.00/AM

Transportation Afternoon/Year.....\$ 750.00/PM

Graduation Fee - Seniors.....\$ 100.00

\*Sports Fees are based on level of participation – not grade level



# Trinity Christian Academy International Financial Commitment 2019-2020

Parent: \_\_\_\_\_ Child: \_\_\_\_\_ Grade: \_\_\_\_\_

*Please read and initial each section to indicate you have read and understood this information.*

\_\_\_\_\_ **Payment (Circle One)**

- A. An annual payment of \$12,000.00 will be made by July 1.
- B. Biannual payment 1, of \$6,500.00, will be made by July 1, and Biannual payment 2, of \$6,000.00, will be made by December 1.

\_\_\_\_\_ **Lunch**

I understand that lunch is available for purchase through the TCA lunch program.

\_\_\_\_\_ **Books & Materials**

The tuition includes the use of books and materials. I agree to pay for lost or damaged books.

\_\_\_\_\_ **Extended Care**

I understand that my child must be supervised by TCA Staff at all times while on campus.

\_\_\_\_\_ A. My child **will not** be attending Extended Care. I will pick him/her up by 3:30 pm to avoid Extended Care charges. Any student that is dropped off **before** 7:30 am and/or picked up **after** 3:30 pm will be charged for Extended Care.

**-OR-**

\_\_\_\_\_ B. My child **will** be attending Extended Care. I understand that there is an additional charge of \$150.00 per child per month for this service or an annual fee of \$1,400.00. I have completed the necessary Extended Care Application for my child(ren). Extended Care hours are from 6:30–7:30 am and 3:30-6:00 pm. I will pay \$1.00 for every minute **after** 6:00pm

\_\_\_\_\_ **Athletics**

I understand that if my child participates in a sport, a non-refundable athletic fee will be assessed to my account and must be paid prior to participation in the sport. See Fee Plan for specific Sports fee.

I, \_\_\_\_\_, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Parent Signature

*agree and commit to be faithful to the financial terms and conditions above regarding Trinity Christian Academy's published Fee Plan for the 2019-2020 school year.*

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## Student Reference

Student: \_\_\_\_\_ Grade Entering \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent: Complete the above information on both forms. Give one of them to the student's **Mathematics teacher**; and one to the student's **English teacher or Language Teacher**. By doing so, you understand that the information requested is confidential and that you waive the right to read the reference.

Evaluator: This student is seeking admission to Trinity Christian Academy. Our Admissions Committee cannot act until this confidential information has been received. When you have completed the form. Please mail, or fax it, or e-mail it directly to: **Director of Admissions, Trinity Christian Academy**. Thank you.

Quality	Check One					Unknown
	Excellent	Good	Average	Fair	Poor	
Responsibility						
Reliability						
Orderliness						
Cooperation						
Attitude Toward the Opposite Sex						
Honesty/Integrity						
Humility						
Attitude						
Appearance						
Emotional Stability						
Respect for Authority						
Academic Performance						

Additional Comments: \_\_\_\_\_

Do you know of any specific problem the student has which would hinder learning?

In what capacity have you known the student? \_\_\_\_\_ How Long? \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_

School \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_

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## Extended Care Application 2019-2020

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

How often will your child attend Extended Care? \_\_\_\_\_ Monthly OR \_\_\_\_\_ Occasionally

### **Parental Information**

Parent 1: Name \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Lives with Student: \_\_ Yes \_\_ No Responsible for Payment: \_\_ Yes \_\_ No

Parent 2: Name \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Lives with Student: \_\_ Yes \_\_ No Responsible for Payment: \_\_ Yes \_\_ No

### **Medical Information**

Allergies, medical problems, disabilities \_\_\_\_\_

### **Emergency Contacts: (MUST BE COMPLETED)**

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Person or persons other than listed above that have permission to pick up your child:

\_\_\_\_\_

**(Thank you for notifying Trinity Christian Academy IN ADVANCE if anyone other than those listed above will be picking up your child.)**

### **Billing Information**

The cost of the Extended Training Services is \$1,400.00 for the 2019-2020 school year if paid in full. If you would like to pay the Extended Care Fee in the same 10 month period as your tuition, the monthly fee is \$150.00. This amount is based on a 36-week usage and is NOT prorated for holidays, etc. The monthly fee of \$150.00 is due on the first day of the month with your tuition. Extended Care is not billed separately. There is a \$1.00 per minute charge for any student picked up after 6:00 p.m.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_