

Temple Christian School
P.O. Box 970
Madison Heights, VA 24572

Senior High School Application for Admission

Grade Entering_____

Student Information

Student's Legal Name: _____
(Last) (First) (Middle)

Preferred Name _____ Sex _____ Age _____ Date of Birth _____

Address _____
(Street Address/P.O. Box) (City) (State) (Zip)

Telephone Number with area code: () _____

Social Security Number _____ Last school attended _____

Students grades have been: __Superior __Above Average __Average __Below Average __Failing

Ever been suspended or expelled from school? __yes __no (If yes, please briefly explain)

Does student desire to attend Temple Christian High School? __yes __no

Parent/Guardian Information

Father/Guardian's Name _____ Title _____
(Last) (First) (Mr., Rev., Dr., etc.)

Address _____
(Street Address/P.O. Box) (City) (State) (Zip)

Employer _____ Occupation _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____

Church You Regularly Attend _____ Pastor's Name _____

Mother/Guardian's Name _____ Title _____
(Last) (First) (Mrs., Ms., Dr., etc.)

Address (if different from above) _____
(Street Address/P.O. Box) (City) (State) (Zip)

Employer _____ Occupation _____

***** Please see reverse side for more information *****

Mother/Guardian's (continued)

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____

Church You Regularly Attend _____ Pastor's Name _____

OTHER INFORMATION

Physician: _____ Phone _____

Insurance Company _____ Policy # _____

Emergency Contacts (If parents/guardians are unavailable):

Name _____ Home Phone _____ Work Phone _____

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List known allergies, food restrictions, physical, emotional, or behavioral disorders, and regularly administered medications:

Does the student have a current I.E.P.? _____ If so, please include a copy.

List all sports and fine arts interests: _____

List names and grades of any other children in your immediate family who are currently attending TCS:

Name	Age	Grades
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____