

**TOWN ' N COUNTRY CHRISTIAN ACADEMY
9910 WILSKY BLVD., TAMPA, FLORIDA 33615
(813) 884-0971 OFFICE**

ACADEMY@TNCCHRISTIAN.ORG

ENROLLMENT FORM FOR 2019-2020

STUDENT NAME: _____
(LAST) (FIRST) (MIDDLE)

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____ SEX: _____

ADDRESS: _____

CITY: _____ ZIP: _____

HOME PHONE: _____ HOME FAX: _____

STUDENT E-MAIL ADDRESS: _____

FATHER'S NAME: _____

FATHER'S WORK PHONE: _____ CELL PHONE: _____

FATHER'S E-MAIL ADDRESS: _____

MOTHER'S NAME: _____

MOTHER'S WORK PHONE: _____ CELL PHONE: _____

MOTHER'S E-MAIL ADDRESS: _____

PLEASE INITIAL BESIDE EACH STATEMENT THAT YOU HAVE READ AND AGREE TO COMPLY:

____ "I UNDERSTAND THAT THE EDUCATIONAL PROGRAM IS AN INTEGRAL PART OF THE CHURCH MINISTRY. I COMMIT TO UPHOLD MY SCRIPTURAL RESPONSIBILITY TO FINANCIALLY SUPPORT THE CHURCH'S EDUCATIONAL MINISTRY.

____ I AGREE TO UPHOLD THE ACADEMIC STANDARDS OF THE SCHOOL BY PROVIDING A PLACE AT HOME FOR MY CHILD TO STUDY AND TO GIVE MY CHILD ENCOURAGEMENT IN THE COMPLETION OF HOMEWORK AND OTHER ASSIGNMENTS.

I UNDERSTAND THAT MY CHILD IS EXPECTED TO PARTICIPATE IN EDUCATIONAL ACTIVITIES, INCLUDING SPORTS AND SPONSORED TRIPS AWAY FROM THE EDUCATIONAL FACILITY. I ABSOLVE THE SCHOOL/CHURCH FROM LIABILITY TO ME AND MY CHILD BECAUSE OF INJURY TO MY CHILD AT SUPERVISED SCHOOL/CHURCH ACTIVITIES.

 I UNDERSTAND THE STANDARDS OF THE SCHOOL AND DO NOT TOLERATE PROFANITY, OBSCENITY IN WORD OR ACTION, DISHONOR TO GOD AND THE WORD OF GOD, OR DISRESPECT TO THE PERSONNEL OR PROPERTY OF THE SCHOOL/CHURCH. I HEREBY AGREE TO SUPPORT ALL REGULATIONS OF THE SCHOOL IN THE APPLICANT'S BEHALF. I UNDERSTAND THAT MY CHILD MAY BE SUSPENDED OR EXPELLED IF THESE BEHAVIORS ARE DISPLAYED IN PERSON OR ON ANY SOCIAL MEDIA OUTLET, I.E. FACEBOOK, INSTAGRAM, TWITTER, SNAPCHAT, MYSPACE, ETC.

 I UNDERSTAND THAT THE USE OF ALCOHOL, TOBACCO, OR ILLEGAL DRUGS OF ANY KIND WILL RESULT IN THE EXPULSION OF MY CHILD FROM TCCA.

 I UNDERSTAND THE SCHOOL RESERVES THE RIGHT TO DISMISS ANY CHILD WHO FAILS TO COMPLY WITH THE ESTABLISHED REGULATIONS OR WHOSE FINANCIAL OBLIGATIONS BECOME UNPAID.”

FATHER'S SIGNATURE _____ DATE _____

MOTHER'S SIGNATURE _____ DATE _____