



TWIN TIERS  
CHRISTIAN  
ACADEMY

Dear Friend,

Thank you for your interest in enrolling your child at TTCA! Enclosed, you will find the necessary paperwork to begin this process. Please note, submitting the paperwork does not guarantee enrollment. It is, however, very helpful in moving the process along.

For those who are not too familiar with TTCA, we have been in the business of assisting families with their children's education since 1976. First of all, we sincerely believe the Bible clearly gives the responsibility of teaching children to the home. Since the beginning, our ministry has been here as a tool to assist the home in its God-given role. I am excited at the prospect of partnering with you.

What truly sets us apart from the other schools around us is our philosophy. Some may call this our mindset. Or, a better description, it is our worldview that makes us different. In part, I have already alluded to that worldview when I expressed our desire is to assist *you* in *your* role of rearing the next generation. Of course, there is much that can be said beyond this.

As you examine our school, among other things, I'd invite you to consider our academic standards, our desire for a disciplined classroom, and our extracurricular opportunities for all of the students.

Before an enrollment can be finalized, an interview with the prospective student and his or her parents (or guardians) is required.

Most of all, I look forward to discussing with you in more detail how we can help you help your student become all God would have him or her become.

For Christian Education,

*Dr. Cary Shaw*

Head of School

# Twin Tiers Christian Academy

*www.TwinTiersChristianAcademy.org*

1811 N. Chemung Rd., PO Box K, Breesport, NY 14816  
607-739-3619

NEW STUDENT ENROLLMENT APPLICATION

Date of Application \_\_\_\_\_ For School Year \_\_\_\_\_

Parent's Names \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Church Attending \_\_\_\_\_

**Please list below the student(s) to be enrolled:**

	<u>Last Name</u>	<u>First</u>	<u>Middle</u>	<u>Sex</u>	<u>DOB</u>	<u>Grade to be Entered</u>	<u>SS#</u>
1).	_____	_____	_____	_____	_____	_____	_____
2).	_____	_____	_____	_____	_____	_____	_____
3).	_____	_____	_____	_____	_____	_____	_____

Name & Address of last school attended:

\_\_\_\_\_  
\_\_\_\_\_

School Phone \_\_\_\_\_ School Bus District \_\_\_\_\_  
(needed for district census purposes)

Has the student(s) ever been suspended or expelled from a school? Yes \_\_\_\_ No \_\_\_\_ If yes, please explain \_\_\_\_\_

Do any of the above children have any mental or physical problems (allergies, injuries, etc.) that the school or teachers should know about? Yes \_\_\_\_ No \_\_\_\_ If yes, please explain \_\_\_\_\_

**Do any of the above students have a current 504 Accommodation Plan or IEP?** Yes \_\_\_\_ No \_\_\_\_  
(If yes, please provide a copy.)

**My student's picture can be used in school literature, on school webpage, etc.?** \_\_\_\_ Yes; \_\_\_\_ No

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**Office Use Only**

Date Received \_\_\_\_\_ Application Fee (\$50) \_\_\_\_\_ Reg. Fee (bal.) \_\_\_\_\_ Fam. Info. Form \_\_\_\_\_ Medical Release \_\_\_\_\_

Parent Support Letter \_\_\_\_\_ Student Support Form \_\_\_\_\_ FACTS \_\_\_\_\_ Tuition Plan: 10 mo. \_\_\_\_\_, 11 mo. \_\_\_\_\_, pd. in full \_\_\_\_\_

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Student's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Physician's Name \_\_\_\_\_

Dentist Name \_\_\_\_\_

Physician's Phone \_\_\_\_\_

Please indicate any difficulties during pregnancy, labor, delivery, and/or shortly after birth.

Were developmental milestones, such as walking, talking, toilet training, etc., considered within normal limits?

Yes \_\_\_\_\_ No \_\_\_\_\_ If not, please explain.

## Student History

Accidents: a. serious head injury \_\_\_\_\_

b. Other \_\_\_\_\_

Eye difficulties: a. "Lazy" eye \_\_\_\_\_

b. Glasses \_\_\_\_\_

c. Surgery \_\_\_\_\_

Ear Problems: a. Ear infections \_\_\_\_\_

b. Tubes \_\_\_\_\_

c. Hearing loss \_\_\_\_\_

Heart: a. Heart murmur \_\_\_\_\_

b. Congenital \_\_\_\_\_

c. Fainting \_\_\_\_\_

Respiratory: a. Asthma \_\_\_\_\_

b. Bronchitis/pneumonia \_\_\_\_\_

Kidney/Bladder: a. Kidney disease \_\_\_\_\_

b. Bladder infection \_\_\_\_\_

c. Enuresis (bedwetting) \_\_\_\_\_

d. Encopresis (fecal soiling) \_\_\_\_\_

e. Undescended (or one)

Testicle \_\_\_\_\_

Musculoskeletal/Orthopedic

a. Fractures \_\_\_\_\_

b. Adaptive equipment \_\_\_\_\_

c. Right Hand \_\_\_\_\_ Left Hand \_\_\_\_\_

Chickenpox \_\_\_\_\_

Mononucleosis \_\_\_\_\_

Tuberculosis TB contact \_\_\_\_\_

Diabetes \_\_\_\_\_

Hepatitis \_\_\_\_\_

Thyroid Disease \_\_\_\_\_

Speech Defect \_\_\_\_\_

Emotional Problems \_\_\_\_\_

Seizure Disorder/ Convulsions \_\_\_\_\_

Dental Care: a. Date of last visit \_\_\_\_\_

b. Braces \_\_\_\_\_

## Family History

Does any blood relative in your family have a history of:

Check and indicate relationship to child

Diabetes \_\_\_\_\_

Anemia \_\_\_\_\_

Cancer \_\_\_\_\_

Seizures \_\_\_\_\_

Blood Cell anemia \_\_\_\_\_

Birth Defects \_\_\_\_\_

Sudden Death-under age 50 \_\_\_\_\_

Depression \_\_\_\_\_

Learning Problems \_\_\_\_\_

Color Blind \_\_\_\_\_

Student Hospitalizations:

Student Surgeries:

Is the child currently taking medication? \_\_\_\_\_

If so, drug name \_\_\_\_\_

Is medication required in school: \_\_\_\_\_

Has child been on medication in the past? \_\_\_\_\_

Insurance Co. or Plan Name:

Insurance Policy Number:

Reviewed by the School Nurse

Upon signing, we, parents or guardians, are stating that we will **NOT** hold TTCA responsible for accident/injury liability either during school hours or extra-curricular activities including sports contests, class trips, and class socials. We realize that the school does have a certain responsibility to our child and understand that TTCA will seek to ensure his or her safety and well-being at all times.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

MEDICAL INFORMATION AND HEALTH HISTORY

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Today's Date \_\_\_\_\_

One new form per family is necessary each school year.

## Father/Guardian

## Mother/Guardian

Full Name \_\_\_\_\_

Full Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

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

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

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Business Phone \_\_\_\_\_

Business Phone \_\_\_\_\_

Available to talk at work? Yes \_\_\_ No \_\_\_

Available to talk at work? Yes \_\_\_ No \_\_\_

Church Address & Phone \_\_\_\_\_  
\_\_\_\_\_

Church Address & Phone \_\_\_\_\_  
\_\_\_\_\_

Pastor's Name \_\_\_\_\_

Pastor's Name \_\_\_\_\_

Member: Yes \_\_\_ No \_\_\_

Member: Yes \_\_\_ No \_\_\_

Attend Regularly: Yes \_\_\_ No \_\_\_

Attend Regularly: Yes \_\_\_ No \_\_\_

### Emergency Contacts: (if parents not available)

Name \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_

Phone Number \_\_\_\_\_

Check if applicable: Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Widow/Widower \_\_\_ Remarried \_\_\_

Students live with: Both Parents \_\_\_ Mother \_\_\_ Father \_\_\_ Grandparent \_\_\_ Guardian \_\_\_

Children: (list those not being enrolled)

Age

DOB

Present Grade

Child 1 \_\_\_\_\_

Child 2 \_\_\_\_\_

Child 3 \_\_\_\_\_

*Please use the back to explain "why" you would like to enroll your child(ren) at TTCA.*

# STATEMENT OF PARENTAL SUPPORT

**PARENTS:**

Please read the following statements carefully and sign below to indicate your agreement.

1. I agree to uphold and support educational standards of Twin Tiers Christian Academy (TTCA) by providing a place at home for my child to study and give my encouragement, and help as I am able, in the completion of any homework or assignments.
2. I appreciate the social and spiritual standards of the school and do not tolerate profanity, obscenity in word or action, dishonor to the Word of God, or disrespect to the personnel of the school and fellow students. I hereby agree to support all regulations of the school and authorize the school, in keeping with stated policies, to employ such discipline as it deems wise and expedient for the training of my child.
3. I agree that while registered at TTCA my child will refrain from immorality, the use of tobacco, alcoholic beverages, and harmful, illegal, or controlled substances at all times, both on and off campus.
4. I agree to pay my financial obligations to the school by the due dates. I realize that accounts 30 days past due may be subject to a late payment fee if no arrangement has been made regarding a hardship situation. I also understand that if my account become 90 days past due, then my student will be subject to dismissal for lack of payment.
5. I understand the school reserves the right to dismiss any child (1) who fails to comply with established school regulations as outlined in written (handbook or handouts) and oral form, (2) who has severe attitude problems, or (3) whose parents' or guardian's financial obligations remain unpaid.
6. I agree to release and hold harmless TTCA, its agents and employees from all claims, damages, or other liabilities to the student which are not the result of gross negligence by TTCA, its agents, or employees. Further, I understand that the school does not carry liability coverage on students and therefore, absolve the school from liability due to any injury to my child at school or during an away from school activity.
7. The Parent agrees to indemnify TTCA for any damage or destruction done by the student to the buildings, equipment, books, or any other property owned by or in possession of TTCA or Breesport Baptist Church.
8. I understand that the services of the school are engaged by mutual consent, and that either the school or I reserve the right to terminate any or all services at any time. I understand that the school handbook does not contractually bind TTCA and is subject to change without notice by decision of the TTCA school board. Admission to the school is a privilege, not a right, and admission for one school year does not guarantee admission for future years.

**Student Name (printed)** \_\_\_\_\_

Father/guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother/guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## STATEMENT OF STUDENT SUPPORT

### **STUDENTS:**

Please read the following statements carefully and sign below to indicate your agreement.

1. I appreciate the social and spiritual standards of TTCA and will not tolerate or use profanity, obscenity in word or action, dishonor the Word of God, or show disrespect to the personnel or property of TTCA or the Breeport Baptist Church.
2. I agree that, while a student at TTCA, I will refrain from immorality, the use of tobacco, alcohol, and harmful and illegal drugs at all times both on and off the campus.
3. I agree that, while a student at TTCA, I will not possess, transport or harbor on the campus any of the following: weapons (including but not limited to guns, knives, lighters, etc.), drugs, alcohol, pornography, or anything else that is detrimental to the mission of TTCA.
4. I agree to support and abide by all regulations of TTCA as outlined in written (handbook or handouts) or oral form. I have read and agree to abide by the student dress code. I realize that discipline, suspensions, or expulsion from school may result from my refusal to comply with such regulations.
5. I appreciate that the faculty and administrators of TTCA will care for me, will pray for me, and will work with me to help me develop my God-given gifts and abilities for His glory and for my benefit and that of others.

Student Name (**printed**) \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_