

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 \_\_\_\_\_

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

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:

<b>Name</b>	<b>Age</b>	<b>Grades</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____