

THE KING'S ACADEMY

1015 S. Ebenezer Road Florence, SC 29501



Phone 843.661.7464 Fax 843.661.7647

Date	_____
ACSP	___ ACSF ___
HM	___ SR ___
Letter	___ Fee ___
Test	_____
BC	___ SCRI ___

2010-2011 Admission Application

General Information: Applying For Grade _____ SSN _____

Student's Full Name as it appears on Birth Certificate _____

Name Student is called _____ Sex: M F Age _____ Date of Birth _____

Student Address _____

Street _____ City _____ State _____ Zip _____

Home Phone _____

Permission to list student's address and phone in the TKA Student Directory? ___ Yes ___ No

Previous School Name _____

Previous School Address _____

Reasons for leaving previous school _____

Do you have an outstanding debt from a previous school? ___ Yes ___ No

Has student ever been tested for learning disabilities or other special needs? ___ Yes ___ No

Has your child ever been in a special needs class? ___ Resource ___ Self-contained ___ Other

Father's Name _____

Cell Phone _____ Email _____

Occupation _____ Employer _____ Business Phone _____

Check box if Father's Address and Home phone are same as student. If different, please fill in the following:

Address _____ Home Phone _____

City _____ State _____ Zip _____

Mother's Name _____

Cell Phone _____ Email _____

Occupation _____ Employer _____ Business Phone _____

Check box if Mother's Address and Home phone are same as student. If different, please fill in the following:

Address _____ Home Phone _____

City _____ State _____ Zip _____

Parents' Marital Status: ___ married ___ separated ___ divorced ___ widowed

If parents are divorced or separated who has legal custody? _____

Child lives with:

___ Father and Mother ___ Father only ___ Mother only ___ Father and Stepmother ___ Mother and Stepfather

___ Guardian/s

If one parent has full custody, are there any legal restrictions the school needs to know about? ___ Yes ___ No

If student is living with stepparent or guardian please enter the following information:

Name _____

Relationship to Student _____

How long has the student lived under your care? _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Email _____

Occupation _____ Workplace _____ Work Phone _____

If there are other children in your family, please complete the following:

Name _____ Age _____

School _____

Name _____ Age _____

School _____

Grandparent Information:

Please enter the following, if applicable, for the purpose of communication of special events, programs, & giving opportunities. If you do **not** wish grandparents to receive TKA information please indicate by checking _____ No

Paternal Grandparents _____

Mailing Address _____

City State Zip

Maternal Grandparents _____

Mailing Address _____

City State Zip

Spiritual Information:

How long have you been at the church you are presently attending? _____

How often do you attend? _____ once a week _____ twice a month _____ less than twice a month

Does your child attend church with you? _____ Yes _____ No

Parent's/Guardian's Church _____

Pastor _____

Church Address _____ Phone _____

According to TKA's admission policy, at least one parent must have accepted Jesus Christ as their personal Savior. Please share how your family meets this requirement.

Please give examples of how the child is nurtured spiritually at home _____

Academic Information:

What was your child's grade average for the last school year? A B C D F

Describe your child's interests, talents, and abilities. _____

Give any special information that would be helpful in meeting your child's needs. (i.e. habits, fears, likes, dislikes, eating and sleeping habits). _____

List any special programs or activities your child has participated in. _____

Has your child ever been suspended, expelled or asked to withdraw? _____ No _____ Yes, please explain.

Does your child have a special learning need? ___ No ___ Yes, please explain. (A copy of the report is required, if available)

Does your child have any behavioral problems? ___ No ___ Yes, please explain

Does your child have any other special needs? ___ No ___ Yes, please explain.

Why have you selected TKA for your child's education?

How did you hear about TKA?

Emergency Information

List two individuals to contact if parent/guardian cannot be reached.

Name _____ Phone _____

Name _____ Phone _____

Enrollment Agreement

It is extremely important that a Christian home support the Academy. As parent or guardian, I desire to enroll my child in The King's Academy subject to the terms of tuition and fee payment established by The King's Academy Board of Trustees. I agree to make timely payments of the financial obligations to the school. I commit that I will train my child at home in the Word of God and attend church with my child regularly. I accept the conditions of admission and enrollment. I agree to abide by and support requirements and policies contained in the TKA Family Handbook and support the decisions of the staff, administration and Board of Trustees. I understand that TKA does not request information regarding who can pick my children up from school. If I have any restrictions regarding who cannot pick up my children, I will make an appointment with an administrator after submitting my application. I agree to actively serve as volunteer in at least one area (i.e. PTF, Booster, Fun-Raising Committee, etc.) and help support the Annual Fund and Capital Campaign.

Signature _____

Relationship to child _____ Date _____

Please attach a copy of the student's Birth Certificate, Social Security Card and SC record of Immunizations.