

THE KING'S ACADEMY

1015 S. Ebenezer Road Florence, SC 29501



Phone 843.661.7464 Fax 843.661.7647

Delivered _____
Grade: _____
ACSP _____ ACSF _____ HM _____
Letter _____
Reg. Fee \$ _____
Discovery \$ _____

Returning Student Application 2012-2013

Applying For Grade _____

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 _____ Student Email (if available) _____

Student Cell Phone(if available) _____ Accept Texts? ___ Yes or ___ No

Are you currently enrolling as a Home School Student? ___ Yes ___ No

If yes, please provide Name of Home School Association _____ and Reg. # _____

Father's Name _____

Occupation _____ **Workplace** _____ **Work Phone** _____

Cell Phone _____ **Email** _____

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 _____

Occupation _____ **Workplace** _____ **Work Phone** _____

Cell Phone _____ **Email** _____

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

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

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 Step-mother ___ Mother and Step-father

___ Guardians

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

If yes, please update or provide legal documentation in order to validate.

If student is living with step-parent 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 _____

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

Parent’s/Guardian’s Church:

How often do you and your child attend church? _____ weekly _____ monthly

Pastor _____

Church _____

Church Address _____ 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.), help support the Annual Fund, Capital Campaign, and the “Taste of Florence”.

Signature _____

Relationship to child _____ Date _____

Annual Fund

Parents: We desire 100% participation in the Annual Fund. Remember this is a tax-deductible gift, which offsets operational costs.

_____ *Yes, I would like to help make the difference at The King’s Academy.*

[] \$ _____ as a one time gift

[] \$ _____ per month for _____ months for a total gift of \$ _____

The King’s Academy admits students of any race, color, nationality, gender, or ethnic origin to all the rights, privileges, programs, policies, and activities generally accorded and made available to the students at the school. TKA reserves the right to deny admission or continuation in the school to any child whose needs the school cannot meet.