



ST. TIMOTHY
CHRISTIAN ACADEMY

St. Timothy Christian Academy

1501 Avenue H

Plano, Texas 75074

972-509-7822; Fax: 972-509-7829

www.staplano.org

STCA Application **K-9th Grades**

The mission of St. Timothy Christian Academy is to educate students needing a non-traditional approach for academic success in a redemptive Christian setting while providing hope and support for their families.

NON-DISCRIMINATION POLICY

St. Timothy Christian Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities made available to students at the school. STCA does not discriminate on the basis of race, color, national and ethnic origin in the administration of its educational policies, admissions policies, tuition assistance, athletic and other school-administered programs.

APPLICATION PROCESS

Thank you for your interest in seeking admission for your child.

St. Timothy Christian Academy is dedicated to providing a redemptive Christian setting for students who need a non-traditional approach for academic success. Students at St. Timothy Christian Academy have demonstrated academic potential but have academic difficulty in a traditional classroom.

STEP ONE: Submit this application, completed in its entirety for each student seeking admission to STCA. Applications should be submitted to:

St. Timothy Christian Academy
ATTN: Admissions Office
1501 Avenue H
Plano, TX 75074

The application must also include:

- A non-refundable application fee, of \$100, made payable to St. Timothy Christian Academy
- A copy of the applicant's birth certificate
- Psychological, educational, neurological test results, completed within three years of application. Test results, at a minimum, should include:
 - a. IQ Test
 - b. Diagnostics Achievement Test
 - c. Language Test if applicable
- School Records-Copies of report cards for prior year, including conduct grades
- ARD or IEP, if applicable
- Documentation of prior services
- Completed Teacher Recommendation forms, mailed directly to STCA
- Completed Student Questionnaire
- Completed Parent Questionnaire
- Health/Immunization Records

STEP TWO: Upon receipt of all of the above information, the application packet will be considered complete. Completed application packets will be presented to the admissions committee for review, additional interviews with parents and the prospective student may be scheduled. An appointment will be made for the prospective student's classroom visit.

STEP THREE: Official acceptance (or non-acceptance) will be communicated to families in writing. If an invitation for admission is extended to your child, a \$1,000.00 enrollment fee will be due to secure your child's registration. If your child is placed on a wait list, the enrollment fee will not be due until his/her designated class space is available. Enrollment contracts must be signed within two weeks of acceptance. Only a signed enrollment contract accompanied by enrollment fee will guarantee enrollment for your student.

HOW DID YOU LEARN ABOUT STCA?

We learned about STCA through:

- Current STCA family/faculty, Name: _____
 Private School Fair Catalog on Private Schools Newspaper/magazine
 Internet Realtor Church Other _____

Two most important factors influencing our application to STCA:

- LD programs class size location tuition faculty faith-based

STCA APPLICATION FOR: Fall/Spring of _____ Grade: _____
 Check One: () STCA Family () New () Have Applied Before

APPLICANT (STUDENT) INFORMATION:

 Last Name First Name Middle Name Preferred Name
 Date of Birth: _____ SSN: _____
 Gender: M / F Ethnicity: _____

APPLICANT'S SCHOOL HISTORY

Names and address of schools applicant has attended:

Name of School	Address	City/St/Zip	Dates Attended	Grade Enrolled

Has your student ever been suspended or expelled from any school?
 () yes () no If yes, please explain:

Has your child ever repeated a grade? () yes () no
 If yes, what school & grade? _____

Activities/athletics student has participated in or is interested in:
 () football () cheerleading () track () dance () golf () basketball () soccer
 () drama () art () community service () church youth group () computer
 science () choir () band () scouting () mission trips
 () Other: _____

I/we hereby authorize STCA to obtain all scholastic information from other
 schools: () yes () no

Parent/Guardian Signatures:

 Father's/Guardian Mother's/Guardian

 Date Date

APPLICANT’S MEDICAL INFORMATION:

Health information forms and immunization records must be on file for each student before the first day of class. Forms may be copies or transferred from the previous school. Immunization records must document that the student is current on his/her vaccinations. If the student has had the chickenpox virus, the varicella vaccine is not required, but the immunization records must document the month and year of the chickenpox illness. Immunizations must include the month, day and year of each shot and the healthcare provider’s signature or stamp. Students entering STCA for the first time must submit a current physical exam with the healthcare provider’s signature or stamp.

Has (or is) your child been under the care of a psychologist/psychiatrist, counselor or therapist? () Yes () No

Name of Provider	Type of Practice	City	Phone	Diagnosis/Treatment

Is the applicant on medication? () Yes () No

If yes, medication name & description of the condition for which the medication is being taken:

Medication	Dosage	Time(s) Administered	Condition for which Medication is prescribed

Please describe any current behavioral, psychological or educational diagnosis given for your child's learning difficulties. By who and when were these given?

Has your child ever been hospitalized for psychological reasons? () Yes () No

Name of Facility	Address	Phone	Dates of Service	Diagnosis/Treatment

Please describe any illness, diseases or physical disabilities that may affect your child's general health, school work or school attendance:

Does your child have any allergies to medication/foods/other? If so, what are they and what are the reactions and treatment when exposed? Also, if your child has any dietary restrictions due to allergies or reactionary reasons

I/we hereby authorize STCA to obtain information from any/all physicians or other caregivers (i.e. psychiatrists, neurologists, psychologists, therapists, & their representatives, etc.): regarding but not limited to diagnosis, treatment and/or care of prospective student () yes () no

Parent/Guardian Signatures:

Father's/Guardian

Mother's/Guardian

Date

Date

FAMILY INFORMATION:

Check all that apply:

Applicant's Parents Married Parents Separated
 Parents Divorced Parent Deceased

Check all that apply:

Applicant lives with: Mother Father Stepmother Stepfather
 Legal Guardian Other

If parents are divorced:

Which parent is the custodial parent? _____

Which parent has legal/financial responsibility? _____

If parents are divorced, **please provide STCA with a copy of the legal visitation schedule as well as custody decree.** If guardian, please attach guardianship document.

Denomination Preference: _____ Name of Church Attending: _____

Father's Name

 Title Last Name First Name Middle Name Used

Relationship to Applicant: Father Stepfather Legal Guardian

Father's Address

 Street City State Zip

Home Phone (____) _____ Cell # (____) _____

Email: _____

Father's Occupation

 Organization Name Position Type of Profession

 Business Address Street City State Zip

Business Phone # (____) _____ Fax # (____) _____

Email: _____

MOTHER'S NAME:

 Title Last Name First Name Middle Name Used

Relationship to Applicant: Mother Stepmother Legal Guardian

Mother's Address

 Street City State Zip

Home Phone#(____) _____ Cell # (____) _____

Email: _____

Mother's Occupation

 Organization Name Position Type of Profession

 Business Address Street City State Zip

Business Phone # (____) _____ Fax # (____) _____

Email: _____

Siblings:

Name	Age	School/Grade	Lives With Student

MEDIA CONSENT:

We, the parents or guardians of the applicant, give permission to St. Timothy Christian Academy to photograph, videotape me/my children and to copyright, use and or publish the photographs, videotapes and audiotapes in any school publications and public relations material, including the website.

Parent/Guardian Signatures:

Father's/Guardian

Mother's/Guardian

Date

Date

EVALUATION WAIVER

We, the parents or guardians of the applicant, agree to waive our right to read the confidential teacher evaluation forms submitted regarding our student.

Parent/Guardian Signatures:

Father's/Guardian

Mother's/Guardian

Date

Date

PARENT STATEMENT OF COOPERATION:

We, the parents or guardians of the applicant agree with the mission statement and the Christian-based philosophy of STCA. *We agree that the information provided is complete and there have been no omissions to the information requested.* Upon acceptance of our student, we pledge to partner with the STCA administration and faculty for the betterment of the school and to assist and cooperate with the school in the Christian education of our student. We understand that the admission is subject to space available as well STCA admission policies, procedures and guidelines. We understand and acknowledge that continued enrollment of our student, if accepted, is dependent upon payment of all fees and tuition as well as our child's compliance with the STCA code of student conduct and policies established by STCA.

Father's/Guardian

Mother's/Guardian

Date: _____

Date: _____