



St. Timothy Christian Academy
6801 W. Park Blvd
Plano, Texas 75093
972-820-5460; Fax: 972-820-5465
www.staplano.org

STCA Application

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.

APPLICATION PROCESS

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, 6801 W. Park Blvd., Plano, TX 75093

STEP TWO: Upon receipt of completed application a two-day classroom visit will be scheduled. STCA will also provide a Release of Records and an Emergency Medical Consent. Both of these forms will be needed the first day the student visits.

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 required documents and enrollment fee will guarantee enrollment for your student.

STEP FOUR:

Additional forms due after official acceptance prior to students first day of school:

- Copy of the applicant's birth certificate
- Immunization Records
- Completed Parent Questionnaire
- Completed Student Questionnaire
- Professional Release
- School Records-Copies of report cards for prior year, including conduct grades
- Psychological, educational, neurological test results, complete within three years of application. Test results, at a minimum, should include:
 - a. IQ Test
 - b. Diagnostics Achievement Test
 - c. Language Test if applicable
- ARD or IEP, if applicable
- Documentation of prior services

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

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? _____

Approximate academic performance level/grade?

Math: _____ Reading: _____

Current behavioral, psychological or educational diagnosis given for your child's learning difficulties.

Illness, diseases or physical disabilities that may affect your child's general health, school work or school attendance: _____

Activities/athletics student has participated in or is interested in:

Allergies to medication/food/other? If so, what are they and what are the reactions and treatment when exposed?

Allergies: _____

Reaction: _____

Treatment: _____

Dietary restrictions due to allergies or reactionary reasons?

Dietary restrictions: _____

Reaction: _____

Treatment: _____

Denomination Preference: _____ Name of Church Attending: _____

FATHER'S NAME

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

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

GRANDPARENTS

Last Name First Name(s)

Address _____
Street. City State Zip

Home Phone () _____ Cell # () _____

Email: _____

GRANDPARENTS

Last Name First Name(s)

Address _____
Street City State Zip

Home Phone () _____ Cell # () _____

Email: _____

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

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.

TEACHER RECOMMENDATION FORM

STCA will fax a Teacher Recommendation Form to the teacher of your choice at your students' current school. We, the parents or guardians of the applicant, agree to waive our right to read the confidential teacher evaluation forms submitted regarding our student.

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/Guardian

Mother/Guardian

Date: _____

Date: _____