



**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: \_\_\_\_\_

Is your child completely independent in the restroom?  YES  NO

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: \_\_\_\_\_