

New Student Yes No

Last School Attended

Temple Christian Academy

2905 Standridge Road
Anderson, SC 29625

Date _____

New Student Application 2026-2027

Name of Child _____ Sex: Male Female
Last _____ First _____ Middle _____ Called _____

Date of Birth _____ Place of Birth _____
Month/Day/Year _____ City/State _____

Entering Grade Level _____ Copy of SS Card _____ Immunization Record _____ Copy of Birth Certificate _____

With whom does child reside? _____ Church Family Attends _____

Email School Correspondence to _____

Please list any changes in allergies or health concerns _____

Father or Primary Guardian _____ Email _____

Home Address _____
Street _____ City _____ State _____ Zip _____

Contact Numbers Home: _____ Work: _____ Cell: _____

Employer _____ Occupation _____ Work Hours _____

Mother or Secondary Guardian _____ Email _____

Home Address _____
Street _____ City _____ State _____ Zip _____

Contact Numbers Home: _____ Work: _____ Cell: _____

Employer _____ Occupation _____ Work Hours _____

In the event that neither parent/guardian can be reached at a time of illness or injury to the child, please list the best emergency contact.

Emergency Contact Name _____ Relation to Child _____

Emergency Contact Numbers Home: _____ Work: _____ Cell: _____

Name of Physician _____ Phone Number of Physician _____

In case of emergency, may we take this child to the emergency room if we cannot reach you or the emergency contact?

Yes _____ No _____

Over

Other than parent/guardian who may pick up your child from school?

Name _____ Phone: _____

Relationship _____

Items needed to complete file for Enrollment:

- Pastoral Staff Recommendation form from TCA office
- Interview with Principal (once all forms are turned into TCA office)
- Copy of Social Security Card
- Immunization Records
- Copy of Birth Certificate
- Completed Application
- Enrollment Fee of 200.00 Non-Refundable

ALL new students are admitted conditionally with a nine weeks' trial period.