



# Temple Christian Academy

2905 Standridge Road  
Anderson, SC 29625

New Student Yes  No

Last School Attended \_\_\_\_\_

## Date \_\_\_\_\_ New/Returning Student Application 2025-2026

Name of Child \_\_\_\_\_ Sex: Male Female  
Last First Middle Surname

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 \_\_\_\_\_

Name \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship \_\_\_\_\_

### Items needed to complete file for Enrollment:

\_\_\_\_ Pastor/Youth Pastor Reference

\_\_\_\_ Interview with Dean of Students

\_\_\_\_ Copy of Social Security Card

\_\_\_\_ Immunization Records

\_\_\_\_ Copy of Birth Certificate

\_\_\_\_ Form with signatures (Guidelines Agreement, Computer/Internet use, Website/Social Media)

\_\_\_\_ Completed Application

\_\_\_\_ Enrollment Fee

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