

FOR OFFICE USE ONLY

4c

AAA

SUFS

McKay

Private pay

VPK

Hope Scholarship

Student's Name \_\_\_\_\_

Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade Applied for \_\_\_\_\_

Starting Date \_\_\_\_/\_\_\_\_/\_\_\_\_

School Year \_\_\_\_\_ - \_\_\_\_\_

Bus Rider

Extended Day

Car Rider

# Tri-L Christian Academy

## "TCA"



Since 1984

## KINDERGARTEN 4 (K4) - 8<sup>TH</sup> GRADE STUDENT APPLICATION

An outreach ministry of  
New Covenant Perfecting Ministries, Inc.

*"He shall feed his flock like a shepherd: he shall gather the lambs with his arm,  
and carry them in his bosom, and shall gently lead those that are with young."*

Isaiah 40:11

Website: [www.trilacademy.org](http://www.trilacademy.org)  
Email address: [trilacademy@gmail.com](mailto:trilacademy@gmail.com)

ABEKA BOOK Curriculum



# Tri-L Christian Academy

1039 W. Fairbanks Avenue

Orlando, Florida

P. (407) 644-2567

F. (407) 644-2651

## APPLICATION PROCEDURES

Dear Applicant:

Thank you for your interest in Tri-L Christian Academy, a school of excellence! The admission procedure for your child includes the completion of the following items for final processing. Tri-L admits students of any race, color, national and ethnicity to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admission policies, scholarship programs, athletic and other school administered programs.

**ALL SCHOLARSHIP AWARD LETTERS MUST BE SUBMITTED WITH THIS COMPLETED ENROLLMENT APPLICATION PACKET.**

1. Complete and submit the entire registration packet and accompanying forms. Packet must be received into the office for class admission. Please affix signature on all required documents.
2. Schedule an appointment for entrance exam (\$40) (this fee is cost covered by ALL scholarships)
3. Submit the following items
  - a. Physical form (3040) examinations must be current. Kindergarten and 7<sup>th</sup> grade immunizations are required within 1 month of classroom attendance.
  - b. Immunization records ( form 680)
  - c. Copy of birth certificate
  - d. Copy of most recent report card/progress report/withdrawal form from previous school.
4. A final or latest copy of report card must be submitted before determination is made for admittance.
5. Remit all required fees to the office (cashier's check or money orders only)

## ENROLLMENT APPLICATION STUDENT INFORMATION

Student's Full Name \_\_\_\_\_ Alias \_\_\_\_\_  
Date of Birth \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_ Social Security# \_\_\_\_\_ Sex: Male \_\_\_ Female \_\_\_  
Place of birth: \_\_\_\_\_  
Referred by: \_\_\_\_\_

## PARENT ~ GUARDIAN INFORMATION

*If your child is a McKay scholarship recipient, you must provide all social security #'s for online registration purposes.*

(Please provide name of parent enrolling the student)

Name of Parents \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_  
Mobile# \_\_\_\_\_ Email address \_\_\_\_\_  
Social Security # \_\_\_\_\_

If child does not live with both natural parents, please list the name, address, and phone # of the other parent (if desired)

Name of Parent \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_  
Mobile# \_\_\_\_\_ Email address \_\_\_\_\_

Should this parent receive correspondence?      Yes       No

Please list names of siblings \_\_\_\_\_  
\_\_\_\_\_

## EDUCATIONAL INFORMATION

School Last Attended \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Has this student ever been evaluated or referred for evaluation for learning difficulties?    Yes     No

(A copy of the evaluation must be provided before final admittance determination)

## SPIRITUAL INFORMATION

Do you consider yourself a Christian?    Yes     No

Name of Church \_\_\_\_\_

Does student attend or is actively involved in church?    Yes     No

## EMERGENCY CONTACT INFORMATION

List two contacts to be consulted if parents cannot be reached:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

=====

Grandparent's Name(s) \_\_\_\_\_ City \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact # \_\_\_\_\_

Grandparent's Name(s) \_\_\_\_\_ City \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact # \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Does the student have any MEDICAL NEEDS/CONDITIONS/ALLERGIES we should be aware of? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are there any persons restricted from picking up student? If it is a parent, please attach legal documentation.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your expectations of your child while enrolled at Tri-L? \_\_\_\_\_

\_\_\_\_\_

# Tri-L Christian Academy



Thank you for your choice of Christian education! It is our be the beginning of a long and have purposefully placed your have impacting, life changing education, guidance and care intellectually, socially, emotionally and physically.

Tri-L Academy for affordable quality prayer and determination that this will trustworthy relationship with us as you child in an environment which will results. We are committed to the of our students spiritually,

Tri-L Christian Academy's motto is, "A Community Safe Place for Children," and our message to all who enter is, "It's a Great Day at Tri-L Academy." Because of these convictions, we emphasize pushing the positive through Godly principles in all we do. It is our goal to share the love of Jesus Christ in such a manner that would cause each student to know him in a manner which is real and relevant to them.

Since parents are the primary teachers in our student lives, we believe a collaborative effort between administration and our parent body will ultimately yield a sound student body with measurable and attainable goals as we pursue sound academics through hands on developmentally appropriate activities.

While enrolled in this Christian institution, we purpose that each student will learn all that has been afforded them. We therefore pledge to provide each student every occasion to experience the uncompromising love and power of God as their lives are enriched through an authoritative academic program of excellence. It would indeed, be our pleasure to share in this life experience with you and your child.

Welcome to Tri-L Christian Academy!

Yours for the children,

Dr. Julia Wade,  
Chief School Administrator

# **DISCIPLINE PRACTICES FOR TRI-L CHRISTIAN ACADEMY**

## **“PUSHING THE POSITIVE”**

Continuous acts of misconduct, which interfere with the orderly operation of the classroom and Christian environment on the campus, will be handled in the following manner.

1. The individual staff member involved will explain the offense to the student, why it is wrong. They will then redirect the child into appropriate behavior.
2. If that doesn't change the student's behavior, a verbal reprimand will be given.
3. If student persist in inappropriate behavior, privileges will be taken away (i.e. outside play time and indoor recreational activities). The parent will be notified when this level of discipline is reached.
4. ISD - In School Detention will be administered when student fails to comply.
5. At home suspension will be administered as a final resort.

When additional action becomes necessary because of continued misconduct or other serious concerns, the student will then be referred to the school student service personnel for disciplinary action. The school student services counselor, after review of the student's explanation, consultation with school personnel involved, and further investigation, (when needed), will determine the appropriate assignment of disciplinary action (exclusive of spanking or any other form of physical punishment).

At every level we will explain the offense to the child and given a Bible based reason why the offense is wrong. It is our belief that discipline is for correction and not punishment; therefore, we will explain to the child that the discipline is for correction of the misdeed. After the appropriate discipline is administered, we love the child by showing him acceptance and forgiveness and admonishing him to do better. If child continues in inappropriate behavior, he will be placed on a disciplinary contract which if violated will result in administrative withdrawal.

### **Parental Agreement & Consent**

I have read, understand and agree to the disciplinary practices for Tri-L Christian Academy as pertaining to the following children /child

---

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Date

# STATEMENT OF ACCORDANCE

I believe that discipline is a necessary part of a child's development. I also believe that children learn respect for those in authority through rules that are upheld by acts of discipline. I further believe and understand that the strictest of discipline is necessary to maintain an atmosphere of learning. I am fully aware that this institute of learning is based on Christian beliefs, doctrines and principles. I therefore stand in agreement with the disciplinary acts that are clearly outlined in this institute's student handbook that I have received.

I further agree to hold this institution and its agents blameless for any liability to my child and/or any parent/guardian thereof due to any injury or alleged injury to the above named student while under this institution's care. I absolve this institution of any liability to the above named student because of injury alleged injury during any school activity. I understand that this institution does not carry pupil insurance coverage. All accidents and injuries should be covered under family medical coverage.

I give my permission for my child to participate in all school activities including school-sponsored trips away from the school premises. I also understand that additional Field Trip permission slips may be provided for further consent prior to trips away from the premises of the school.

I agree, should for any reason a breach be made in this wavier and legal actions are taken against Tri-L Christian Academy any employee or agent thereof on behalf of my child, parent and/or guardian and adjudication is withheld, to pay any and all attorney fees, courts costs, damages or other costs that the institution or its agents should incur to defend itself against such action.

This Statement of Accordance will remain valid for as long as my child attends and Tri-L Christian Academy, Inc.

I understand should my marital status, employment, address or phone number change it is my responsibility to update all affected documents.

---

Signature

---

Title

---

Signature

---

Title

# Tri-L Christian Academy

1039 W. Fairbanks Avenue, Orlando, FL 32804

P. 407. 644.2567

F. 407.644. 2651

[www.trlacademy.org](http://www.trlacademy.org)

## STUDENT ASSESSMENT FORM

---

Parent's name \_\_\_\_\_

Students name \_\_\_\_\_ Current Grade: \_\_\_\_\_

Please answer accordingly....

Does your child have any learning problems?    Yes            No            I don't know

Does your child have ADHD or ADD?            Yes            No            I don't know

Describe anything that might affect your child's academic progress? \_\_\_\_\_

Has your child ever been suspended?    Yes            No    If yes, please explain below

Has your child ever been expelled?    Yes            No    If, yes, explain \_\_\_\_\_

(Please provide official documentation of expulsion or suspension)

What is your child's general attitude? (Cooperative, respectful, etc) \_\_\_\_\_

Has your child ever repeated a grade and if so which one? \_\_\_\_\_

Please describe your child's most recent school year. \_\_\_\_\_



# TRI-L CHRISTIAN ACADEMY STUDENT BEHAVIORAL PROMISE FORM

Students at Tri-L Christian Academy are to conduct themselves according to the standard of the Word of God which honors each other and our country. It is mandatory to complete the following form, sign and return it upon enrollment or within the first 3 days of school for all students in grades 4<sup>th</sup> – 8<sup>th</sup>.

Please read and check your response

1. Do you promise to adhere to the uniform dress code with a positive attitude?

Yes                      No

2. Do you promise to respect all authority as well as your peers?      Yes                      No

3. Do you promise to be cooperative with all personnel whether in the classroom or out?

Yes                      No

4. Do you promise to refrain from the use profanity, to abstain from alcohol, drugs, sexual immorality, fire arms, fighting and other types of behavior which does not please God?

Yes                      No

As a student of Tri-L Christian Academy, please provide a statement as to what your behavior, speech, and influence will reflect during this school year.

---

---

---

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

*And all thy children shall be taught of the Lord; and great shall be the peace of thy children.*

*Isaiah 54:13*

Parents please review and sign this document with your child (ren) as an indication of your acceptance of the stated expectations and adherence to school policy.

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

**TRI-L CHRISTIAN ACADEMY**  
**FEE ACKNOWLEDGMENT**  
**AND**  
**GENERAL FINANCIAL ASSURANCE FORM**

Dear Parents,

The very nature of private school education demands a commitment to financial obligations. We further understand this is one of the most important decisions you have made in the education process of your child. It indeed is an investment which we pray you will not regret.

Understandably, there are times when this commitment can be challenged due to a variety of factors. However, this responsibility yet rests upon the family and not the academy. Below you will find an outline of your said financial commitments for this year.

1. Tuition and Weekly Fees are payable the first 5 business days of the month.

A late fee of \$25 is assessed on all accounts not paid on time.

All Cash Fees must be paid through Money Orders, PayPal or Cash App (\$1039TriLAcademy)

Tuition Rates for 10 month school year are:

VPK Full-Time:	\$300.00/month	\$ 75.00/wk	\$3,000.00/10mo. school year
K4:	\$600.00/month	\$150.00/wk	\$6,000.00/10mo. school year
K5 – 8 <sup>th</sup> Grade:	\$520.00/month		\$5,200.00/10mo. school year

\_\_\_\_\_ Please initial as indication of your agreement to tuition policy

**Additional fees:** All fees are covered by ALL scholarships unless noted below.

These additional costs then become the responsibility of the parent.

Extended Day Care:	\$20/week	(not covered by scholarships)
Entrance Exam:	\$40	
SAT's -	\$40	
Transportation	\$40/month	

\_\_\_\_\_ Please initial as indication of your agreement to additional fees

Please see brochure for additional information on lunch and transportation costs

*By signing below, you indicate your understanding and compliance to the financial terms as outlined above.*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# Scholarship Agreement

This agreement comes to inform parents of their responsibility regarding the process of endorsing the tuition vouchers. All scholarship recipients must sign as an indication of acknowledgement of terms and conditions.

- Checks must be signed by the primary parent within (2) days of notification by the school.
- All scholarship recipients must maintain a ninety (90) percent attendance rate in order to qualify for scholarship payments.

Failure to comply with stated stipulations will;

- A. Jeopardize the future use of the student's scholarship.
- B. Prohibit the transference of the scholarship to another institution until account is settled with a zero balance.
- C. Prohibit the parent/guardian from applying for future funding

I acknowledge my understanding of the above stated policy and will follow the procedure as written:

---

Parent Signature

---

Date



## Medication Acknowledgment Agreement

I acknowledge that my child \_\_\_\_\_, has been prescribed the medicine \_\_\_\_\_. I understand it is my responsibility to administer this. I further understand that failure to do so will result in non – admittance to class and immediate pick up from campus by when contacted by administrative personnel.

List all prescribed medication and for what use below.

---

---

---

---

---



## TRI-L CHRISTIAN ACADEMY MEDIA RELEASE FORM



To the parent body of Tri-L Christian Academy, we occasionally include photographs of our students in various school related activities for media use. Personal information such as names, addresses or contact numbers will not be used. Please check appropriate response.

I/we give permission to Tri-L Christian Academy to use photos for media use including flyers and the school's website.

I/we do not give permission to Tri-L Christian Academy to use photos for media use in any form.

Child's Name: \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_

Date: \_\_\_\_\_

