

Trinity Christian Academy
 4315 C Church Street • Zachary, LA 70791
 Phone: 225-228-0750 or 654-4964

**ENROLLMENT APPLICATION
 CREDIT RECOVERY FORM (R2020)**
www.tcazachary.org

Student's Name: _____

_____ Last _____ First _____ Middle _____
 Address: _____ Student Cell _____

City: _____ State: _____ Zip: _____ DOB _____

Parent's Name: _____ Parent Cell Phone: _____

Primary E-mail (This is the email that all correspondence will be sent to.) You may include the student's email below the line.

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Enrollment Agreement: I have read, understand and agree to abide by the Course Guidelines provided by Trinity Christian Academy. I understand that it is my responsibility to acquire a textbook and that my enrollment and course information, including, but not limited to lessons and exams may be shared with my school and parent/legal guardian. I understand that if I am 18 years of age or older, I must give written permission for my records to be released to my parents/legal guardian. I also agree to the terms and conditions set forth on the following page.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Course Enrollment Information						
Course Number	Course Name	Semester		Course Type		Course Fee*
		1 st	2 nd	Repeat	New	

To be completed by school administrator, counselor or other designated school official.

If the student needs to complete the course(s) by a required date, please indicate the deadline: _____
 Is this course required for NCAA eligibility? YES NO Does the student require accommodations (504/IEP attached)? YES NO
 School Name: _____ Phone: _____
 Official's Name: _____ Title: _____
 Email: _____
 Address: _____

Student Testing at School: The student named above has permission to enroll in the high school credit course(s) listed. The testing administered within the school shall be conducted in such a manner so as not to compromise the integrity of the testing results. The materials and procedures shall be properly supervised when they are received until they are returned.

School Official's Signature: _____ Date: _____

FOR OFFICE USE ONLY:	
Enrollment #: _____	*Course Fee Total \$ _____ + 50.00 = \$ _____
Date Received: _____	Check _____ MO _____ CASH _____
*MC/VISA/DEBIT _____ (Service Charge will apply)	
Expiration Date: _____	1 st Extension: _____ 2 nd Extension: _____