vTrinity Christian Academy
4315 C Church Street • Zachary, LA 70791
Phone: 225-654-4964 Fax: 225-654-4942

ENROLLMENT APPLICATION
CREDIT RECOVERY FORM (R2017)
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.

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

Couse Number	**Course Name**	**Semester**		**Course Type**		**Course Fee***
		1st	**2nd**	**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: _____ 1st Extension: _____ 2nd Extension: _____