



2023 – 2024
6th – 12th Grade
Homeschooled Student
Athletics Program Application

We are pleased you have chosen TCA's Athletic Program for your student. To assist you with gathering all of the necessary documents for review and consideration of acceptance, below you will find a check list of items you will need to complete the application process:

A \$300 fee is required per sport to participate.

The following documents need to be completed and submitted along with payment to our admissions office.

- Application
- Student Information Form
- Emergency Treatment Form
- Current Report Card

- EL2 (Physical)
- EL3 (Liability)
- EL7 (Registration)
- EL7V (Verification)
- GA4 (for students in 10th, 11th and 12th)

Once all of these documents and payment has been received, you will be contacted for an interview with administration. A homeschool student athlete handbook will be provided at the interview along with additional forms that will be discussed and require parent and student signature.

PLEASE NOTE:

***Your student cannot participate in any conditioning, tryouts, or practices until successful completion of this process and written acceptance from our Admissions office.**

****\$125 of this fee is non-refundable if you withdraw the application once submitted and paid.**



Trinity Christian Academy

875 Elkcam Boulevard, Deltona, FL 32725

2023 - 2024

Athletics Program Admission Application for Homeschoolers

The following information is required for registering each student and is held in confidence. Please complete each space and if it does not apply to your situation write (N/A) not applicable. **NOTE:** Trinity Christian Academy admits students of any race, color, national and ethnic origin to all the rights, privileges generally accorded or made available to students at the school.

WHAT SPORT(S) ARE YOU APPLYING TO PLAY? _____

HOW DID YOU HEAR ABOUT TCA? TCA Employee Referred by TCA family I am a graduate of TCA Referred by an alumni of TCA
I attend Trinity Church My student previously attended Sibling currently attend Banner outside school
Internet search Facebook Instagram Bus stop bench Walk-in
If referred by someone, please provide name: _____

STUDENT INFORMATION

Last Name: _____ First Name: _____ Middle Name: _____
Goes By: _____ Birth date: _____ Sex: _____ Ethnicity: _____
Cell phone: _____
Siblings enrolling in/attending TCA: _____
Has the student previously attended TCA: _____ If yes, what grade(s) and year(s): _____
Has the student ever been arrested or convicted of a crime? _____ If yes, please explain: _____

PREVIOUS SCHOOL or Homeschooled only

School Name and Address _____
Phone Number _____ Fax Number _____

CHURCH INFORMATION

Church where your family attends or is a member of: _____
Church Mailing Address: _____ Pastor _____
Denomination: _____ Phone Number _____

FAMILY INFORMATION

Check ALL that apply: Lives with both Parents Parents separated Parents divorced Shared Custody
 Father has custody Mother has custody Father is deceased Mother is deceased Other _____

Father **Step-Father** **Other** _____ **Student Mailing Address**
Last Name _____ First Name: _____
Mailing Address: _____
City: _____ State: _____ Zip Code _____ Email Address _____
Home Phone: _____ Cell Phone: _____ Text Messages OK? Yes No
 Business Owner Employed
Business Name/Place of Employment: _____ Position: _____
Name: _____
Work Phone: _____ Ext _____ Work Email: _____

Mother **Step-Mother** **Other** _____ **Student Mailing Address**
 Mrs. Ms. Last Name _____ First Name: _____
Mailing Address: _____
City: _____ State: _____ Zip Code _____ Email Address _____
Home Phone: _____ Cell Phone: _____ Text Messages OK? Yes No
 Business Owner Employed
Business Name/Place of Employment: _____ Position: _____
Name: _____
Work Phone: _____ Ext _____ Work Email: _____

Student Information

The following questions **are to be answered by the applying student in his/her own handwriting**. Your response is especially helpful to the faculty in helping them know you and your interest better. This information is not criteria for acceptance into the school, but for information only. If more space is needed, please use another sheet of paper, giving your name and the number to the question being answered.

1. How did you hear about Trinity Christian Academy? _____
2. Do you know any current students at Trinity Christian Academy? ___ Who? ___
3. Are most of your friends and associates Christians? _____ Are most of your friends the same age as you? ___
4. If you are a Christian, how do you know? _____
Tell when and how you became a Christian. _____
5. How often do you attend church? _____ Describe your level of activity in your church, youth group, or choir. _____ Have you ever helped plan a program in your church or school? ___
Tell us about it. _____
6. What was your average grade in school last year? _ List the subject(s) you have failed (if any): _____

7. What subject is hardest for you? _____
8. List any honors you received in school or outside of school _____
9. Select three adjectives friends might use to describe you _
10. Do you plan to attend college? ___ What do you think you might do as an adult? ___
11. Have you ever been suspended, expelled, or asked not to return to a school? ___ Why? _____

12. Have you ever used tobacco? ___ Drugs? ___ Alcohol? ___ How often? ___ When was the last occasion? _____
If you answered "Yes", explain _____

13. How often do you read a book? _____
What is the name of a book you recently read? _____
14. What radio station(s) do you listen to? _____
15. How much time do you spend watching TV: Number of hours daily? _____ Weekly? _____
16. Name the last three movies you have seen (TV, DVD, or theatre) 1. _____
2. _____ 3. _____
17. Do you have a job after school or weekends? ___ Where? _____
18. Is there any other information you would like to tell us about yourself? _____

EMERGENCY TREATMENT

Student Name: _____

Date of Birth: _____

Y

N

Does the student have any medical or mental condition that may affect his/her school day? (i.e. physical impairment, emotional or mental illness, learning disability, psychological testing/ counseling)?

Y

N

Is the student currently under the care of a doctor? If so, for what reason?

Y

N

Does the student take any medications on a routine basis? _____

Y

N

Are there limitations on normal activities? If so, what: _____

Medical Information

Please check and/or list any medical condition your child may have:

Asthma

mild

severe

exercised induced

Rescue inhaler at:

home

school

with student

Diabetes

Type I

Type II

self managed

requires assistance

Heart Condition _____

Allergies to Food, Insects, Medication or Other:

Allergies _____

mild

moderate

severe

mild

moderate

severe

mild

moderate

severe

Epi Pen at:

home

school

with student

Signs/ Symptoms of allergic reaction: _____

Other Health Condition(s)/ Concerns/ Medications: _____

Authorization for Emergency Medical Care

I understand that this is my responsibility to see that my child has regular medical examinations as required for attendance at Trinity Christian Academy and that my child's immunizations are kept current as required by the State of Florida. If my child shall need to take any medications (over the counter/ prescription), then I will follow the procedures written out in the handbook. In case of emergency, I/we authorized any representative of Trinity Christian Academy to present above stated minor to receive any emergency care needed.

Parent/ Guardian Signature: _____ Date: _____