



**Teays**Valley  
CHRISTIAN SCHOOL

Preparing students to become leaders in influencing their world for Christ

# Admissions Application Packet

**A ministry of the Church @ the Depot**

**MAIL: 6562 Teays Valley Road, Scott Depot, WV 25560**

**PHONE: (304) 757-9550 / FAX: (304) 757-2560**

**[www.tvcswv.org](http://www.tvcswv.org)**

# Teays Valley Christian School Admissions Application

*All sections must be completed in its entirety for the applicant(s) to be considered for enrollment. Mark sections NA if not applicable.*

1.	Last Name	First Name	MI	Occupation	Employer	Work Phone
	Father					
	Mother					
	Guardian					

Father's Social Security # (REQUIRED) \_\_\_\_\_ Mother's Social Security # (REQUIRED) \_\_\_\_\_

2.	Number and Street	City	State	Zip Code	Home Phone
	Address Children reside at:				

Child(ren) reside(s) with: \_\_\_\_\_  
 County \_\_\_\_\_

**3. Marital Status (check applicable boxes)**

Father:	<input type="checkbox"/> Married	<input type="checkbox"/> Widowed	<input type="checkbox"/> Divorced**
Mother:	<input type="checkbox"/> Married	<input type="checkbox"/> Widowed	<input type="checkbox"/> Divorced**

\*\*To understand custody arrangements of child, potential out-of-town trips, who will drop or pick child up from school, etc.

**4. We would like to enroll the following children.**

		First Child	Second Child	Third Child
First Name				
Middle Name				
Last Name				
Name Child Goes By				
Social Security #				
Gender				
Grade to Enter (Ex. 1 <sup>st</sup> Gr.)				
Year to Enter (Ex. 2004)				
Age	Birth Date			
Child by birth, adopted, or previous marriage?				

**5. In case of emergency, contact:**

Name	Address	Telephone	Relationship
1.			
2.			
3.			

**6. Family Physician:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

## TVCS Family Admissions Application (cont'd)

7. Have any of the applicants ever repeated a grade? No  Yes  (If yes, complete 7a.)

7a. If yes, applicant's name \_\_\_\_\_ grade repeated: \_\_\_\_\_

8. Have any of the applicants ever been tested for special needs?  No  Yes (If yes, explain)

\_\_\_\_\_

9. Are any of the applicants currently homebound?  No  Yes (If yes, explain)

\_\_\_\_\_

**Please check all mental, emotional, or physical impairments for children (Responses will be held confidential).**

Child's Name	ADHD/ADD	BD (Behavior Disorder)	Autism/Asperger's Syndrome	Seizures	Diabetes	Hearing Impaired/Eye Correction	Allergies	Other Medical Issues/Learning Disabilities

10. Have any of the applicants experienced such disciplinary actions as detentions, suspension, expulsion, probation, or police records?

Yes  No If yes, applicant's name: \_\_\_\_\_  
Please explain:

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

**11. Previous School Information:**

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

**12. Church or denominational affiliation:**

	None	Church Now Attending	Frequency			
Father			Regularly	2-3 times per month	Monthly	<6 times per year
Mother			Regularly	2-3 times per month	Monthly	<6 times per year
Guardian			Regularly	2-3 times per month	Monthly	<6 times per year

**13. Grandparent Information (optional):**

Include names and addresses of any grandparents who would like to be placed on the TVCS mailing list should your student be enrolled.

Name	Address

## TVCS Family Admissions Application (cont'd)

**14. E-Mail Address:**

Mom/Guardian E-Mail: \_\_\_\_\_  
 Dad/Guardian E-Mail: \_\_\_\_\_  
 Alternate E-Mail: \_\_\_\_\_

**15. References:**

Name	Address	Phone	Relationship to Student

**16. How did you hear of Teays Valley Christian School?**

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

**17. Please explain in your own words why you want your child to attend TVCS:**

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

**Teays Valley Christian School Mission Statement:**

**TVCS supports parents in delivering a biblically-driven college preparatory education in a vibrant Christ-centered community that enables them to utilize their God-given gifts and fulfill their God-Given purpose.**

**18. I/We have read and support the Mission Statement of Teays Valley Christian School.**

Yes       No      \_\_\_\_\_  
Father/Guardian Signature      Date

Yes       No      \_\_\_\_\_  
Mother/Guardian Signature      Date

**A complete transcript, immunizations, birth certificate, and a \$10 application fee must be included with this completed application.**

**Note: Submission of this application does not guarantee admission to TVCS.**