



TeaysValley
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

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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
	Child's Residential Address				

Child(ren) reside(s) with: _____ County _____

3. Marital Status (check applicable boxes)

Father	<input type="checkbox"/>	Single	<input type="checkbox"/>	Married	<input type="checkbox"/>	Widowed	<input type="checkbox"/>	Divorced**
Mother	<input type="checkbox"/>	Single	<input type="checkbox"/>	Married	<input type="checkbox"/>	Widowed	<input type="checkbox"/>	Divorced**
Guardian	<input type="checkbox"/>	Single	<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., please have any applicable supporting documents on file.

4. Household Income: Optional (For the purposes of demographic data only)

<\$50,000 \$50,000-\$100,000 \$100,000-\$150,00 \$Over \$200,000

5. 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 – M or F				
Grade to Enter (Ex. 1 st Gr.)				
Year to Enter (Ex. 2019)				
Age	Birth Date			
Child by birth, adopted or previous marriage?				

6. In case of emergency, contact:

Name	Address	Telephone	Relationship
1.			
2.			
3.			

7. Family Physician: _____ **Telephone:** _____

8. Have any of the applicants ever repeated a grade? No ____ **Yes** ____ (If yes, complete 8a.)

8a. If yes, applicant's name _____ **Grade repeated:** _____

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

10. 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

11. 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:

12. Previous School Information:

Name: _____

Mailing Address: _____

Phone: _____

Fax: _____

13. 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

14. 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

15. Email Address:

Father Email: _____
Mother Email: _____
Guardian Email: _____
Other Family Email: _____

16. References:

Name	Address	Phone	Relationship to Student

17. How did you hear of Teays Valley Christian School?

18. 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.

19. 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, immunization record, birth certificate, and a \$10 application fee must be included with a completed application.
Note: Submission of this application does not guarantee admission to TVCS.