

# Tri-State Academy Admission Policies 2024-2025

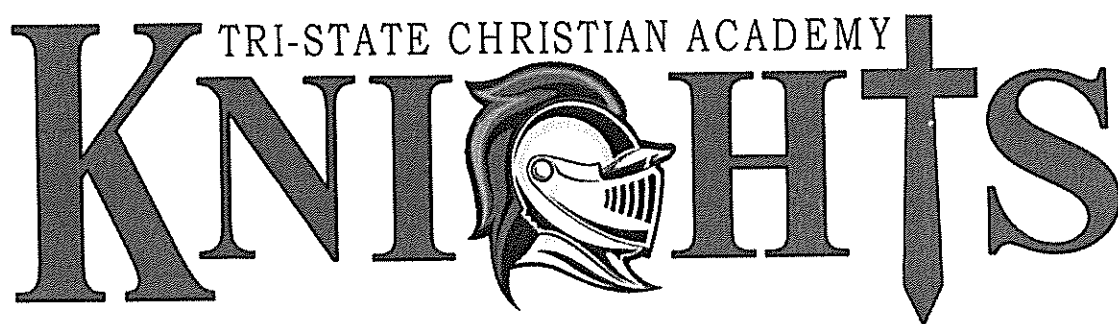
At Tri-State Christian Academy, your child's needs for Christian schooling and academic education will be met with guidance and excellence. Tuition costs are understandably a factor in choosing the best school for your child. Tri-State Christian Academy is surprisingly affordable with achievable tuition available to nearly every family through partial scholarships and tuition discounts. More than 95% of our families receive some type of discount.

Early enrollment is strongly advised as our class sizes are limited. Completed Enrollment Applications and Student Spiritual Evaluations will be reviewed by our Admissions Office to determine acceptance for enrollment.

If your child is accepted to Tri-State Christian Academy, you may pay the tuition in full or schedule a meeting with our Finance Department to determine any tuition discounts or partial scholarships available to you and if necessary, set up monthly payment arrangements. ***A copy of your prior year's income tax return is required in order to receive tuition discounts or scholarships.***

## Annual Admissions Process for Students

1. ALL STUDENTS entering 6<sup>th</sup> grade or higher are *required* to make an appointment for a Spiritual Evaluation.
2. A TCA Administrative interview is *required of all new applicants*. A copy of the student's report card/attendance and/or transcript is *required*. New applicants are also *required* to sign a Transcript Request Form to release the student's records from their previous school.
3. Admission Application Process also includes:
  - A. Enrollment and graduation fees must be paid *before* the school year begins.
  - B. Full tuition is paid or a tuition payment plan has been formally agreed upon.
  - C. Completion of the Enrollment Application Form and all required documentation.
  - D. Completion of FACTS online application is ***required for all Pennsylvania residents*** (unless tuition is paid in full) *before* the first day of school.
4. Pennsylvania state law states that all applicants in kindergarten through 12<sup>th</sup> grade are *required* to supply a copy of their birth certificate and immunization records (or a religious or a personal exemption).
5. Parental initials are required for a release for your child's school picture to be printed in the yearbook, on our website, or other media.
6. For contact purposes and the safety of your child, a Vital Student Information Form is *required* to be filled out, which includes all emergency contact information, transportation contact, any medical conditions, and medical insurance information on your child. This information is kept confidential in the front office. *This is a requirement every year for all returning students and all new applicants.*



# FORM 1—Enrollment Application 2024-2025

Tri-State Christian Academy

750 Steubenville Pike, Burgettstown, PA 15021

(724) 947-8722 [www.4tca.org](http://www.4tca.org) [tca-pa@comcast.net](mailto:tca-pa@comcast.net)

Family Name \_\_\_\_\_ Number of Students \_\_\_\_\_ Application Date \_\_\_\_\_

Students Full Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade Entering \_\_\_\_\_

Students Full Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade Entering \_\_\_\_\_

Students Full Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade Entering \_\_\_\_\_

Students Full Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade Entering \_\_\_\_\_

Local School District of residence \_\_\_\_\_

**Persons with whom students reside:** (All school information will be sent to the primary residence unless otherwise requested.)

Name \_\_\_\_\_

☐ parent ☐ step ☐ guardian

Address \_\_\_\_\_

County \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_

☐ primary ☐ secondary

Home Phone \_\_\_\_\_

☐ primary ☐ secondary

Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Marital Status \_\_\_\_\_

Religious Denomination \_\_\_\_\_

Church Affiliation \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Pastor \_\_\_\_\_

Are you a member? \_\_\_\_\_ How long? \_\_\_\_\_

Do you attend regularly? \_\_\_\_\_

Name \_\_\_\_\_

☐ parent ☐ step ☐ guardian

Address \_\_\_\_\_

County \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_

☐ primary ☐ secondary

Home Phone \_\_\_\_\_

☐ primary ☐ secondary

Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Marital Status \_\_\_\_\_

Religious Denomination \_\_\_\_\_

Church Affiliation \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Pastor \_\_\_\_\_

Are you a member? \_\_\_\_\_ How long? \_\_\_\_\_

Do you attend regularly? \_\_\_\_\_

**Additional Parental Information:** (Other than student's primary residence.)

Name \_\_\_\_\_

☐ parent ☐ step

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_

☐ primary ☐ secondary

Home Phone \_\_\_\_\_

☐ primary ☐ secondary

Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Name \_\_\_\_\_

☐ parent ☐ step

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_

☐ primary ☐ secondary

Home Phone \_\_\_\_\_

☐ primary ☐ secondary

Work Phone \_\_\_\_\_

Email \_\_\_\_\_

## FORM 2—Student Information Questionnaire 2024-2025

1. Have any of the applying students ever been under academic or disciplinary probation or similar actions?  
☐ Yes ☐ No Name \_\_\_\_\_ School \_\_\_\_\_
2. Have any of the applying students ever been suspended or expelled from any school?  
☐ Yes ☐ No Name \_\_\_\_\_ School \_\_\_\_\_
3. Have any of the applying students repeated a grade?  
☐ Yes ☐ No Name \_\_\_\_\_ Grade \_\_\_\_\_
4. Do any of the applying students have a Consultation Report prepared by an Intermediate Unit?  
☐ Yes ☐ No Name \_\_\_\_\_ (If yes, please give date of Consultation Report and supply a copy to Tri-State Christian Academy.) Date \_\_\_\_\_ Copy Received \_\_\_\_\_
5. Do any of the applying students qualify for a Special Services Plan in the public school sector by virtue of being diagnosed under the Federal 504 Regulations?  
☐ Yes ☐ No (If yes, please give date of Special Services Plan and supply a copy to Tri-State Christian Academy.) Date \_\_\_\_\_ Copy Received \_\_\_\_\_
6. Do any of the applying students have an IEP (Individualized Education Program) or do any have a gifted IEP?  
☐ Yes ☐ No (If yes, please give date of IEP and supply a copy to Tri-State Christian Academy.) Date \_\_\_\_\_ Copy Received \_\_\_\_\_
7. Describe any health, physical, mental, or other problems of each child applying for enrollment that Tri-State Christian Academy should be aware of: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. By the Pennsylvania Department of Education, the law states that all applicants in the K5-12<sup>th</sup> grade are required to supply a copy of their birth certificate and immunization records (unless claiming religious or personal exemption).  
**Please check here if you have provided:** \_\_\_\_\_ **Birth Certificate** \_\_\_\_\_ **Immunization Records**
- Pennsylvania State Law mandates the following minimum immunization requirements are required for all students entering school for the first time:
- Diphtheria and Tetanus—Four or more properly spaced doses of DPT, DTaP, Td, or Dt with one dose administered on or after the 4<sup>th</sup> birthday
  - Polio—Three or more properly spaced doses of Polio Vaccine (IPV or OPV)
  - Measles—Two properly spaced doses of Live Attenuated Measles preferably MMRII with the first dose administered at 12 months of age
  - German Measles (Rubella) —One dose of Live Attenuated Rubella administered at 12 months of age or older preferable as MMRII
  - Mumps—One dose of live attenuated mumps administered at 12 months of age or older preferably as MMRII
  - Hepatitis B—Three properly spaced doses of Hepatitis B Vaccine
  - Varicella (Chicken Pox Vaccine) or history of disease (month, year)
  - Tetanus-Diphtheria-Acellular Pertussis Vaccine (Tdap)—administered between 11 to 12 years of age

Parent/ Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/ Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

# FORM 3—Transfer Records Request 2024-2025

Tri-State Christian Academy  
750 Steubenville Pike  
Burgettstown, PA 15021  
P: (724) 947-8722  
F: (724) 947-0821

Date: \_\_\_\_\_

Fax#: \_\_\_\_\_

To: \_\_\_\_\_

\_\_\_\_\_  
School Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

Authorization is given to the above-named school to release the below checked information on my child:

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Date of Birth

- ☒ Transcript of grades
- ☒ Standardized achievement tests
- ☒ Attendance records
- ☒ Individualized Education Plan (IEP)
- ☒ Health & immunization records
- ☒ Disciplinary offenses and actions

Please check one of the below statements:

\_\_\_\_\_ This student has no financial obligations related to this school.

\_\_\_\_\_ This student has a financial obligation of \$ \_\_\_\_\_ for \_\_\_\_\_.

Please fax or return by mail to Tri-State Christian Academy as soon as possible. *Thank you!*

\_\_\_\_\_  
Tri-State Christian Academy Administrative Signature

\_\_\_\_\_  
Parent's/Guardian's Signature to release records to Tri-State Christian Academy

# FORM 4—Emergency Contact Information 2024-2025

Student's Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_  
Last First Middle

Primary Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_ 2<sup>nd</sup> Phone \_\_\_\_\_ 3<sup>rd</sup> Phone \_\_\_\_\_  
☐ cell ☐ landline ☐ cell ☐ landline ☐ cell ☐ landline

**In case there is an emergency and parents cannot be contacted, please list alternative relatives/persons (other than anyone listed on the family registration form) to contact:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
☐ cell ☐ landline

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
☐ cell ☐ landline

**Please list two neighbors or relatives who live nearby whom you agree to allow to have temporary care of your child if you cannot be reached (please make arrangements with people named below):**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
☐ cell ☐ landline

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
☐ cell ☐ landline

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Blanket Medical Release

In case of an accident or serious illness, I request that Tri-State Christian Academy (TCA) contact me. In the event that I cannot be contacted or if the situation demands immediate attention, I give permission to TCA personnel to administer first aid. Also, I authorize the school to arrange for this student to be transported to the closest emergency room by ambulance if necessary and at my expense. I authorize medical personnel to perform the necessary care. Once admitted to the emergency room, I give permission for the necessary medical/surgery care.

This will be a blanket permit covering any and all outings, field trips, and events which my child(ren) may attend during the time enrolled at TCA. My signature also serves to indicate my willingness to take full medical responsibilities for the student(s) and to release Tri-State Christian Academy from this liability.

## Medication

No medication may be brought to TCA or given without written permission from the custodial parent or guardian. All medication brought to TCA must be immediately taken to the office upon entering the school building and kept in its original labeled container. If medication is to be given on an extended basis, written permission from the family doctor and/or the custodial person must accompany the medication.

If a student has a need for over-the-counter medication (e.g., Tylenol, Benadryl, cough drops, etc.) he/she must bring a note from the parent, including instructions for dosage or in the original package. The note will remain in the office with the medication.

I, \_\_\_\_\_, understand TCA will call or text with requests to give my student any medication  
Signature of custodial person

Best number to call or text for medication permission \_\_\_\_\_  
Prefer: ☐ call ☐ text

## FORM 5—Financial Aid Form 2024-2025

Do you work in Christian Service? (Yes or No) \_\_\_\_\_ If Yes, please describe below:

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**A copy of your last year's income tax return is *required if you are enrolling in our income-based tuition program.***

Please check here if you have provided a copy of last year's income tax return \_\_\_\_\_

**Are you a Pennsylvania Resident?** (Yes or No) \_\_\_\_\_

If YES, have you completed your FACTS Application online? If you have not, please go to <https://online.factsmgt.com/signin/4CSST> to complete your FACTS Application.

**PLEASE NOTE:** It is *a requirement for ALL Pennsylvania residents* to complete the above application every year in order to re-enroll.

Number of hours you are willing to volunteer to offset your tuition discount:

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Please circle which volunteer services listed below you would be willing to help with:

**Janitorial (2-3 hrs)      Kitchen (9a-1p)      Lawn Care/Maintenance      Consignment Sale**

Please write a short paragraph on why you want your child(ren) to attend TCA.

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# FORM 6—Admissions Checklist 2024-2025

Please check the following items listed below as they apply to you and your family:

1. ☐ I have prayerfully considered Christian schooling and I believe my child(ren) should attend Tri-State Christian Academy. I understand this decision comes with a monetary cost.
2. ☐ If necessary, I have completed academic and spiritual evaluations and the enrollment meeting required for acceptance to Tri-State Christian Academy.
3. ☐ I have completed the financial interview and have made a resolution according to the following checklist:
  - ☐ A. I understand that an Enrollment Fee of \$600 is due and payable in order to continue the Enrollment and Reenrollment process, which absolutely *must be paid* (or have an agreement to be paid) prior to the first day of school.
  - ☐ B. My family is applying for financial aid.
  - ☐ C. We agree to participate in volunteer and/or fundraising activities to help offset our financial aid and become a part of the TCA family.
4. ☐ I have signed a transcript release form for my child(ren)—(new students only).
5. ☐ I understand the following list also applies to Admissions:
  - ☐ I have read the school policy regarding my Tuition responsibility and agree to abide by this policy.
  - ☐ I understand that I will receive a monthly Tuition Invoice (until tuition is paid in full).
  - ☐ I understand it is a requirement to submit my child(ren)'s Vital Student Information Form.
  - ☐ I will accept the rules and policies laid out in the school handbook including the dress code.
6. We also **require** your permission for the release of your child(ren)'s photographs to be included in the following:
  - ☐ YES   ☐ NO   For yearbook and media publications
  - ☐ YES   ☐ NO   For school's website and Facebook page

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

# FORM 7—Financial Information 2024-2025

Per Student for the 2024-2025 Academic Year

| 2024-2025             | K5 – 11 <sup>th</sup> Grade | 12 <sup>th</sup> Grade |
|-----------------------|-----------------------------|------------------------|
| Family Enrollment Fee | \$600                       | \$600                  |
| Graduation Fee        | \$0                         | \$50                   |
| Tuition Cost**        | \$5,000                     | \$5,000                |
| Total Tuition & Fees  | \$5,600                     | \$5,650                |

\*\*Full tuition is \$10,000. A Middle-Class Tuition discount of -\$5,000 will be given to each student for the 2024-2025 academic year based on the information that a family's household income is under \$500,000 with 1 child dependent, or under \$600,000 with 2 child dependents, or under \$700,000 with 3 child dependents, or under \$800,000 with 4 or more child dependents. Families with income greater than those numbers will be charged the full \$10,000 tuition.

Total Tuition Due: \$ \_\_\_\_\_

Tuition Adjustment: \$ \_\_\_\_\_

Total Amount Due: \$ \_\_\_\_\_

Total Fees Due: \$ \_\_\_\_\_

Final Family Total: \$ \_\_\_\_\_

- ☐ **PLAN 1** Tuition amount paid in total before **September 2024** (includes a 5% discount).
- ☐ **PLAN 2** Two payments due **September 2024** and **January 2025**.
- ☐ **PLAN 3** Ten payments due at the first of each month effective **September 2024** through **June 2025**.
- ☐ **PLAN 4** Twelve payments due at the first of each month effective **August 2024** through **July 2025**.
- ☐ **PLAN 5** Individualized plan of \_\_\_\_\_.

- I understand that enrollment fees and graduation fees are non-refundable.
- I understand that if *for any reason* my child(ren) ceases to attend TCA (withdrawal, etc.) it is my financial responsibility to pay tuition per each student through the end of the current grading period that they each attended.

Parent/ Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/ Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_



# Tri-State Christian Academy 2024-2025 Financial Contract

The following is a financial contract between Tri-State Christian Academy and the undersigned parties. In consideration of acceptance of enrollment by Tri-State Christian Academy, I agree to pay all required fees and the agreed upon tuition as set out in the terms of this Financial Contract set forth below.

I understand that the payments set forth in this contract are due on the **1<sup>st</sup> of each month** and must be made in a timely manner and therefore I agree to have payments to the school no later than the **15<sup>th</sup> of each month**. It is agreed that it is my responsibility to maintain current tuition payments as set out in the terms of this Financial Contract and *I may not be able to send my student(s) to school if my payments are over 60 days late.* I understand that failure to make timely payments may jeopardize the enrollment status of my student(s). I understand that if my student(s), for any reason— regardless if it is the family's decision or the school's decision, cannot continue to attend Tri-State Christian Academy, I am still responsible to pay tuition per each student through the end of their current grading period.

**I understand that all fees are non-refundable.** *I agree to participate in at least one fundraising activity or to volunteer at the school to help offset some of the financial aid received.* I understand that I may make payments by cash, check, credit card, or electronically via RenWeb. I understand and agree to an additional charge when paying by credit card of 5% for plans 3, 4, and 5 or a flat \$50 fee for plans 1 and 2. I understand I will be charged a \$25 fee for any returned checks.

In signing this document, I agree to possess a financial responsibility to Tri-State Christian Academy and pledge to meet this obligation as follows:

☐ **PLAN 2** Two payments due: \$ \_\_\_\_\_ first payment in **September 2024** and second payment in **January 2025**

☐ **PLAN 3** Ten payments due at the first of each month: \$ \_\_\_\_\_ a month, beginning in **September 2024** effective through and concluding in **June 2025**

☐ **PLAN 4** Twelve payments due at the first of each month: \$ \_\_\_\_\_ a month, beginning in **August 2024** effective through and concluding in **July 2025**

☐ **PLAN 5** Individualized plan of: \$ \_\_\_\_\_ a month, beginning in \_\_\_\_\_ effective through and concluding in \_\_\_\_\_

My signature below affirms that I have read, understand, and agree to the above terms in this Financial Contract.

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Student Name(s)

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Signature of All Parent's or Legal Guardian's Financially Responsible for Student(s)

Date

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Signature of All Parent's or Legal Guardian's Financially Responsible for Student(s)

Date

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TCA Administrative Signature

Date

# Tri-State Christian Academy 2024-2025 Enrollment Agreement

**Terms and Conditions:** The undersigned parties agree to the following terms and conditions of enrollment:

- (a) **Enrollment Conditions.** Tri-State Christian Academy (herein TCA) agrees to enroll the student(s) shown on this application, and to provide a program of educational excellence and spiritual guidance. I understand that in signing this Enrollment Agreement, I am agreeing to accept the rules and regulations of TCA, and it is understood and agreed that the continued enrollment of the student(s) is contingent upon the student(s) adherence to these rules and regulations. This Agreement and all other required enrollment documents must be completed by the parents/guardians and received by TCA before the student(s) may attend classes. No student(s) will be permitted to begin a new school term if tuition charges remain unpaid from a prior term.
- (b) **Emergency Contact Forms and Health Records.** Parents/guardians agree to provide completed emergency contact forms, health records, birth certificates and any other student records or forms required by TCA or any local, state, or federal authority. Such forms and records will be treated as confidential by the school and will be released only with the written permission of the parents/guardians and/or as required by law.
- (c) **Dismissal.** I agree that enrollment, as specified within this Enrollment Agreement, may be canceled by the parents or legal guardians in writing, and that all fees will be forfeited. I understand and acknowledge that TCA may either temporarily or permanently dismiss or require the withdrawal of a student for "cause," which is defined as including, but not limited to, behavior or conduct of a student or parent/guardian contrary to the school's policies or rules or its faculty's directions, behavior or conduct of a student or parent/guardian that is disruptive or unsafe to self or others, academic performance below acceptable standards, or if the opinion of the faculty is the interest of the student(s) or those of the school or of other students in the school will be best served by such actions. TCA reserves the right to cancel the enrollment of a student at any time.
- (d) **Replacement Costs.** Parents/guardians will be charged for the replacement costs of Chromebooks, chargers, books, or any other property of the school that is not returned. Further, parents/guardians are responsible for expenses incurred from damage to school property, if the damage is attributed to their child(ren)'s willful conduct.
- (e) **Extracurricular Activity Payments.** I agree to pay for my student(s) elective participation for music lessons, school hot lunches, or any school program or activity in a timely manner *not to exceed 60 days*.

My signature below affirms that I have read, understand, and accept the terms and conditions set forth above.

---

Student Name(s)

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Parent's or Legal Guardian's Signature

Date

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Parent's or Legal Guardian's Signature

Date

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TCA Administrative Enrollment Acceptance Signature

Admission Date