Tri-State Academy Admission Policies 2026-2027

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. Most of our families receive some type of discount or scholarship.

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. Depending on which state you live in and the type of financial aid you are awarded, a copy of the first two pages of your prior year's income tax return may be required in order to receive tuition discounts or partial scholarships.

Annual Admissions Process for Students

1. Students enrolling in 6th grade or higher may need to make an appointment for a Spiritual Evaluation (at the discretion of administration).
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 ($600) and graduation ($50) 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 through12th 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.*

TRI-STATE CHRISTIAN ACADEMY
KNIGHTS

FORM 1—Enrollment Application 2026-2027

Tri-State Christian Academy
750 Steubenville Pike, Burgettstown, PA 15021
(724) 947-8722 www.4tca.org 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 2026-2027

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 K5-12th 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 4th 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 2026-2027

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 2026-2027

Student's Name _____ DOB _____ Grade _____
Last First Middle

Primary Address _____ City _____ State _____ Zip _____

Primary Phone_____ 2nd Phone_____ 3rd 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 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 anc 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) anc 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. A medication brought to TCA must be immediately taken to the office upon entering the school building and kept in its original labele container. If medication is to be given on an extended basis, written permission from the family doctor and/or the custodial perso 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 not 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 medicatior
Signature of custodial person

Best number to call or text for medication permission _____
Prefer: □ call □ text

FORM 5—Financial Aid Form 2026-2027

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

_____

_____

_____

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.

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.

_____

_____

_____

_____

_____

_____

_____

_____

_____

FORM 6—Admissions Checklist 2026-2027

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 2026-2027

Per Student for the 2026-2027 Academic Year

2026-2027	K5 – 11th Grade	12th Grade
Family Enrollment Fee	$600	$600
Graduation Fee	$0	$50
Tuition Cost*	$10,000	$10,000
Total Tuition & Fees	**$10,600**	**$10,650**

*Full tuition is $10,000; however almost all of our students receive a tuition discount and/or a partial scholarship. We have several different scholarships, partial scholarships, and tuition discounts available, which vary based off the state you live in and your family's personal financial situation. Please fill out the attached TCA Scholarship Application so that TCA can be an affordable option for your student.

Total Tuition Due: $_____

Tuition Adjustment: $_____

Total Amount Due: $_____

Total Fees Due: $_____

Final Family Total: $_____

- ❑ **PLAN 1** Tuition amount paid in total before **September 2026** (includes a 5% discount).
- ❑ **PLAN 2** Two payments due **September 2026** and **January 2027**.
- ❑ **PLAN 3** Ten payments due at the first of each month effective **September 2026** through **June 2027**.
- ❑ **PLAN 4** Twelve payments due at the first of each month effective **August 2026** through **July 2027**.
- ❑ **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 2026-2027 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)

_____

Parent's or Legal Guardian's Signature Date

_____

Parent's or Legal Guardian's Signature Date

_____

TCA Administrative Enrollment Acceptance Signature Admission Date

Tri-State Christian Academy 2026-2027 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 **1st 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 **15th 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.* After 60 days without receiving a monthly payment, TCA may charge a $25 late fee for payments not received by the end of the month in which payment is due. 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 try 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 PayPal at www.4TCA.org. 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 2026** and second payment in **January 2027**

❑ **PLAN 3** Ten payments due at the first of each month: $_____ a month, beginning in **September 2026** effective through and concluding in **June 2027**

❑ **PLAN 4** Twelve payments due at the first of each month: $_____ a month, beginning in **August 2026** effective through and concluding in **July 2027**

❑ **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 Contact.

_____

Student Name(s)

_____

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

_____

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

_____

TCA Administrative Signature Date

TRI-STATE CHRISTIAN ACADEMY

TCA Scholarship Program Application 2026-2027

A. Parent, Guardian, or Other Adult Responsible for Tuition	B. Parent, Guardian, or Other Adult Residing with Parent A.
Check one: ○Faher ○Mother ○ Step-Father○Step-Mother ○Other Adult	Check one: ○Faher ○Mother ○ Step-Father○Step-Mother ○Other Adult
Last Name First Name M.I.	Last Name First Name M.I.
Social Security Number Date of Birth	Social Security Number Date of Birth
Address COUNTY	Address COUNTY
City State Zip Code	City State Zip Code
( ) Area Code Primary Phone ( ) Area Code Secondary Phone	( ) Area Code Primary Phone ( ) Area Code Secondary Phone
Email Address	Email Address
Employed By How long? Public School District	Employed By How long? Public School District
Preferred Contact: ○Primary Phone ○Secondary Phone ○ Email	Preferred Contact: ○Primary Phone ○Secondary Phone ○ Email

Dependents- List all dependent children in order of oldest to youngest, including college students, even if you are not applying for aid for that student, indicate each dependent's relation to Parent/Guardian: child, foster child, grandchild, etc. DO NOT LEAVE BLANK

Number of dependent children who will attend a tuition charging school in the fall?

# in daycare _____	# in Pre-K_____	# in Elementary School _____	#in Secondary School _____	# in College _____	Total _____

Dependent Last Name _____ First Name _____

Date of Birth _____ Relation to Parent/Guardian A _____

Name of school student plans to attend in Fall _____

Grade in the Fall _____

Dependent Last Name _____ First Name _____

Date of Birth _____ Relation to Parent/Guardian A _____

Name of school student plans to attend in Fall _____

Grade in the Fall _____

Dependent Last Name _____ First Name _____

Date of Birth _____ Relation to Parent/Guardian A _____

Name of school student plans to attend in Fall _____

Grade in the Fall _____

Dependent Last Name _____ First Name _____

Date of Birth _____ Relation to Parent/Guardian A _____

Name of school student plans to attend in Fall _____

Grade in the Fall _____

Dependent Last Name _____ First Name _____

Date of Birth _____ Relation to Parent/Guardian A _____

Name of school student plans to attend in Fall _____

Grade in the Fall _____

Last year's federal tax return for student's household was:
○ Filed ○ Not filed yet ○ I/We do not file. I/We only receive non-taxable income.

Total number of exemptions claimed on Federal Income Tax form _____
Parent/Guardian A total taxable income from W-2 wages (Box 1) $_____
Parent/Guardian B total taxable income from W-2 wages (Box 1) $ _____
Total Adjusted Gross Income as reported on your IRS 1040, 1040A, or 1040 EZ $ _____

Do you rent or own your residence? ○ Rent ○ Own
What is your current monthly rent or mortgage payment? $_____
What are your (combined) car and car insurance payments? $_____
What are your approximate utility payments? $_____

Unusual Circumstances (Check all that apply to your situation within the past 12 months)

○ Loss of job	○ Bankruptcy	○ Death in the family	○Medical/Dental expenses
○ Recent separation/divorce	○ College Expense	○ Shared custody	○Shared tuition
○Change in family living status	○ Income reduction	○High debt	○Other (Please explain below)
○Change in work status	○Illness or injury	○Child support reduction	