

# FORM 1—Enrollment Application 2025-2026

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 \_\_\_\_\_

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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 \_\_\_\_\_