

## FORM 2—Student Information Questionnaire 2025-2026

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 \_\_\_\_\_