(Please Print Clearly) **TCA Vital Student Information Form for Office Use 2026-27**

STUDENT INFORMATION

Student Name: _____ Date of Birth: _____ Grade _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Parent/Guardian Name: _____ Phone: _____

Student lives with: ( ) both parents ( ) Mother ( ) Father ( ) Grandparents ( ) Guardian

Please describe this student's living situation and/or custody agreement: _____

_____

_____

_____

STUDENT PICK UPS -- The following persons may pick up this student from school:

Name	Relationship	Car Make/Color

[Make sure you fill out and turn in your 2 provided Parent Pickup Tags! Please ask if you need more.]

EMERGENCY CONTACTS (starting with parent or guardian to call first then in priority order)

1st - Name: _____ Relationship: _____

Landline or Work Phone: _____ Cell Phone: _____

2nd - Name: _____ Relationship: _____

Landline or Work Phone: _____ Cell Phone: _____

3rd - Name: _____ Relationship: _____

Landline or Work Phone: _____ Cell Phone: _____

4th - Name: _____ Relationship: _____

Landline or Work Phone: _____ Cell Phone: _____

5th - Name: _____ Relationship: _____

Landline or Work Phone: _____ Cell Phone: _____

TCA STUDENT MEDICAL INFORMATION

Student's Name_____ Grade_____

1. EMERGENCY CONTACTS

List the contacts in the order that TCA will call for medication or a medical emergency.

	NAME	RELATIONSHIP	PHONE NUMBER
1.			
2.			

2. MEDICAL CONDITIONS

Asthma □ Yes □ No

Diabetes □ Yes □ No

Seizures □ Yes □ No

ADHD □ Yes □ No

Seasonal Allergies □ Yes □ No

Skin Allergies: □ Yes □ No

Food Allergies□ Yes □ No

Vision Impairment□ Yes □ No

Hearing Impairment: □ Yes □ No

Anxiety: □ Yes □ No

Heart Condition □ Yes □ No

Other Medical Conditions:_____

Specify the student's allergies and reactions

ALLERGY_____ REACTION_____

ALLERGY_____ REACTION_____

Does your child carry/require an epinephrine auto-injector □ Yes □ No If yes, where is it kept? _____

3.MEDICATIONS

Does your child take any medication regularly? □ Yes □ No

If yes, list the medication, dosage, and time taken:

Medication	DOSAGE	TIME(S) TAKEN	REASON

Please note: All medications must be in the original container, accompanied by a Medication Authorization Form, and turned in to the office.

4.BENEFITS/CONCERN

Please share any other important health information we should know about your child:

5.PARENT/GUARDIAN AUTHORIZATION

The Student Medical Information Form must be completed in its entirety before students attend Tri-State Christian Academy. Contact TCA with any changes to medication or diagnoses. The office/nurse will contact the student's parents/guardians in grades Kindergarten through Fifth before providing medication. Please sign and date this form and return it to the office.

I authorize Tri-State Christian Academy to treat my student.

Signature_____ Date_____

THANK YOU FOR HELPING TCA KEEP OUR STUDENTS HEALTHY & SAFE!

TCA Student Medical Information Continued

Students Name_____ Grade_____

Check the medication that Tri-State Christian Academy may administer to your student.

Pain Relief	Cold/Allergy	Cold/Allergy Cont.
Advil	Cold/Cough Syrup	Cough Drops
Tylenol	Nasal Decongestant	Eye Drops
Aspirin	Claritin	Upset stomach
Midol	Benadryl	Tums Pepto-Bismol

TRI-STATE CHRISTIAN ACADEMY

KNIGHTS

2026-207 Transportation Permission Slip

Location: Mercy Baptist Church and Gymnasium

3474 Pennsylvania Ave.

Weirton, WV 26062

Tri-State Christian Academy's partnership with Mercy Baptist Church enables TCA students to use the gymnasium and auditorium for physical education, play/music practice, parties, graduation practice, and special events. This permission slip authorizes Tri-State Christian Academy staff members to transport students via buses, school vans, and staff vehicles.

Tri-State Christian Academy will contact or seek medical services during transportation or while at Mercy Baptist Church/Gymnasium in an emergency. The emergency contact(s) listed on the TCA Student Medical Information form will be notified as soon as it can be done safely.

Please return one permission slip per student.

I, _____ (parent/ guardian's name) authorize Tri-State Christian Academy to transport _____ (student's name) to Mercy Baptist located at 3474 Pennsylvania Ave., Weirton, WV. I have read and agree to the permission slip and understand it is valid for the 2026-2027 school year.

Parent Signature _____ Date_____

Student's name_____ Grade _____

Emergency Contact Phone Number _____

TRI-STATE CHRISTIAN ACADEMY

KNIGHTS

SOCIAL MEDIA RELEASE 2026-2027

Tri-State Christian Academy has a private FB page to share your student(s) learning throughout the school year. The private page may include photos, videos, parties, projects, etc. TCA also has a public Facebook Page, Website, and Instagram used for communication and advertisement.

Please check YES or No to the following options:

I give permission for my student to appear on:

1. Tri-State Christian (PA) Family Group- TCA's private Facebook page Yes ☐ No ☐
2. TCA's public Facebook Page, Instagram, and other promotional materials Yes ☐ No ☐
3. TCA's Website - Tri-State Christian Academy Yes ☐ No ☐
4. Be Untied in Christ, school sponsor, promotional emails Yes ☐ No ☐

I have read Tri-State Christian Academy's Social Media Release form and have chosen the social media option(s) for which my student has permission to appear.

Parent/Guardian Signature_____Date_____

Student's Name_____ Grade_____

Pennsylvania Household Application for Free and Reduced Price School Meals

Complete one application per household. Please use a pen (not a pencil).

APPLY ONLINE:
RETURN TO (School/District Name):
ADDRESS:

STEP 1 List ALL children, infants, and students up to and including grade 12. Attach another sheet of paper if you need space for more names.

List ALL children in the household. Do not forget to list infants, children attending other schools, children not in school, and children not applying for benefits. This includes children not related to you in your household.

Child's First Name	MI	Child's Last Name	Grade	Check all that apply: Foster Child	Migrant	Runaway	Homeless
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐

If you checked any of these boxes, please refer to the Application Instruction's Step 1: Part C & Part D.

STEP 2 Do any household members (including you) participate in: SNAP, TANF, or FDPIR?

○ NO ➔ Go to STEP 3. ○ YES ➔ Write case number here and proceed to STEP 4. CASE NUMBER (NOT EBT NUMBER): Write only one case number in this space.

STEP 3 List ALL household members and income for each member (before taxes and deductions)

A. All Adult Household Members (Anyone who is living with you and shares income and expenses, even if not related, including you.)
List all Adult Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they receive income, report total gross income (before taxes and deductions) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work	How often received? Weekly	Every 2 Weeks	2x Month	Monthly	Annual	Public Assistance, Child Support, Alimony	How often received? Weekly	Every 2 Weeks	2x Month	Monthly	Pensions, Retirement, Social Security, SSI, VA Benefits, All Other Income	How often received? Weekly	Every 2 Weeks	2x Month	Monthly
	$	○	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	○	$	○	○	○	○	$	○	○	○	○

Total Household Members (Children and Adults)

Last Four Numbers of Social Security Number of Primary Wage Earner or other Adult Household Member (If Applicable)

Check if no Social Security Number ☐

Please see application's back for list of income sources.

B. Child Income

Sometimes children in the household earn or receive income.
Include the TOTAL income (before taxes and deductions) received by ALL children listed in STEP 1 here.

Child Income	How often received? Weekly	Every 2 Weeks	2X Month	Monthly	Annual
$	○	○	○	○	○

STEP 4 Contact information and adult signature. **RETURN COMPLETED FORM TO YOUR CHILD'S SCHOOL:** Insert school address here

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (confirm) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Print Name of Adult Signing the Form | Signature of Adult | Today's Date

Mailing Address (if available) | City | State | Zip | Phone (optional) | Email (optional)

SOURCES AND EXAMPLES OF INCOME For additional information on income, please refer to the instructions that accompany this application.

Sources of Income		
Earnings from Work	Public Assistance/Alimony/ Child Support	Pensions/Retirement/ All other sources of income
• Salary, wages, cash bonuses, tips, commissions • Net income from self-employment (farm or business) **If you are in the U.S. Military:** • Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances) • Allowances for off-base housing, food, and clothing	• Unemployment benefits • Workers' compensation • Supplemental Security Income (SSI) • Cash assistance from State or local government • Alimony payments • Child support payments • Veterans' benefits • Strike benefits	• Social Security/Disability (including railroad retirement and black lung benefits) • Private Pensions or disability benefits • Income from trusts or estates • Annuities • Investment income • Earned interest • Rental income • Regular cash payments from outside household

Examples of Income for Children
• A child has a regular full or part-time job where they earn a salary or wages
• A child is blind or disabled and receives Social Security benefits • A parent is disabled, retired, or deceased, and their child receives Social Security benefits
• A friend or extended family member regularly gives a child spending money
• A child receives regular income from a private pension fund, annuity, or trust

OPTIONAL Children's ethnic and racial identities. This information is kept confidential and may be protected by the Privacy Act of 1974.

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity (check one): ☐ Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race) ☐ Not Hispanic or Latino

Race (check one or more): ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

Return this completed form to your child's school. *Do not mail, fax, or email completed applications to the U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights.

DO NOT FILL OUT For school use only.

Annual Income Conversion: Weekly × 52, Every 2 Weeks × 26, Twice a Month × 24, Monthly × 12. Do not annualize income to determine eligibility unless more than one income frequency is listed.

Total Income

How often?

Weekly	Every 2 Weeks	2x Month	Monthly	Annual
○	○	○	○	○

Household size

Categorical Eligibility ☐

Eligibility

Free	Reduced	Denied
○	○	○

Determining Official's Signature

Date

Confirming Official's Signature

Date

Verifying Official's Signature

Date

Use of Information Statement

The Richard B. Russell National School Lunch Act requires that we use information from this application to see who qualifies for free or reduced price meals. We can only approve complete forms. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met.

Please be sure to provide the last four numbers of the Social Security number of the adult household member who signs the application. If the adult does not have one, 'Check if no Social Security Number'. Applications for a foster child do not need to list a Social Security number. Applications for children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) do not need to list a Social Security number.

Some children qualify for free meals without an application. Please contact your school to get free meals for a foster child, and children who are homeless, migrant, or runaway.

Return completed form to your child's school.

The contact information below is solely to file a complaint of discrimination

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

* MAIL: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

FAX: (833) 256-1665 or (202) 690-7442; or
EMAIL: Program.Intake@usda.gov

*** Do not mail applications to this address, only complaints of discrimination.**

This institution is an equal opportunity provider.