Tri-State Academy Admission Policies 2023-2024

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 6th 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 12th 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 2023-2024
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		Grade Entering	
Local School District of residence			
Persons with whom students reside: (All school info	ormation will be sent to the primary	residence unless otherwise reque	ested.)
			,0104.,
Name	Name □ parent		
□ parent □ step □ guardian	□ parent	□ step □ guardian	
Address	Address		
County City State Zip		ty State	Zip
Cell Phone	Cell Phone		
□ primary □ secondary	□ prim	nary □ secondary	′
Home Phone	Home Phone		
□ primary □ secondary	□ prin	· ·	
Work Phone	Work Phone		
Email	Email		
Occupation	Occupation		
Employer			
Address	Address		
City State Zip	City	State	Zip
Marital Status	•		•
Religious Denomination		on	
Church Affiliation			
AddressState Zip	Address	State	
•	•	State	Zip
PastorHawleng?	Pastor	Haw lang?	
Are you a member? How long?	•	How long?	
Do you attend regularly?	Do you attend regular	ly?	
Additional Parental Information: (Other than student	's primary residence.)		
Name			
□ parent □ step		arent □ step	
·	•	•	
Address	_ Address		
City State Zip	City	State	Zip
Cell Phone	-	Otato	Zip
primary secondary			v/
• •	•	•	y.
Home Phone			
· · · · · · · · · · · · · · · · · · ·	•	•	•
Work Phone	VVOIR FIIONE		
Email	_		

FORM 2—Student Information Questionnaire 2023-2024

1.	Have any of the applying students ever been under aca □ Yes □ No Name		
2. 1	Have any of the applying students ever been suspende □ Yes □ No Name		
3.	Have any of the applying students repeated a grade? ☐ Yes ☐ No Name	Grad	de
4.	Do any of the applying students have a Consultation Re☐ Yes ☐ No Namesupply a copy to Tri-State Christian Academy.)	(If yes, pleas	e give date of Consultation Report and
	Do any of the applying students qualify for a Special Se diagnosed under the Federal 504 Regulations? ☐ Yes ☐ No (If yes, please give date of Special Academy.)	Services Plan a	
6. E	Do any of the applying students have an IEP (Individuali ☐ Yes ☐ No (If yes, please give date of IEP and	ized Education Pr d supply a copy t	ogram) or do any have a gifted IEP?
	Describe any health, physical, mental, or other problem Christian Academy should be aware of:		
8. E		v states that all a	applicants in the K5-12 th grade are require
8. E	Christian Academy should be aware of: By the Pennsylvania Department of Education, the law	states that all a	applicants in the K5-12 th grade are require
8. E	Christian Academy should be aware of: By the Pennsylvania Department of Education, the law to supply a copy of their birth certificate and immunization	r states that all a on records (unless Birth Certificat mmunization required doses of DPT, Electron (IPV or Olled Measles preferenced at 12 months B Vaccine month, year)	applicants in the K5-12 th grade are required as claiming religious or personal exemption are Immunization Records wherever are required for all students entering TaP, Td, or Dt with one dose administered on a report of the property of the propert
8. E	By the Pennsylvania Department of Education, the law to supply a copy of their birth certificate and immunization. Please check here if you have provided: Pennsylvania State Law mandates the following minimum in school for the first time: Diphtheria and Tetanus—Four or more properly spaced or after the 4th birthday Polio—Three or more properly spaced doses of Polio V Measles—Two properly spaced doses of Live Attenuate 12 months of age German Measles (Rubella) —One dose of Live Attenuate preferable as MMRII Mumps—One dose of live attenuated mumps administed Hepatitis B—Three properly spaced doses of Hepatitis Varicella (Chicken Pox Vaccine) or history of disease (respective documents)	r states that all a on records (unless Birth Certificat mmunization required doses of DPT, Draccine (IPV or Oled Measles preferenced at 12 months B Vaccine month, year) —administered be	applicants in the K5-12 th grade are required as claiming religious or personal exemption are Immunization Records where Immunization Records wirements are required for all students entering otal, Td, or Dt with one dose administered on a poly many many many many many many many man

FORM 3—Transfer Records Request 2023-2024

Tri-State Christian Academy 750 Steubenville Pike Burgettstown, PA 15021

P: (724) 947-8722

F: (724) 947-0821

Date:			F: (72
?ax#:			
To:			
School Name			***************************************
Address	V*************************************		
City	State	Zip Code	
Authorization is given to the	ne above named school to	release the below o	checked information on my child:
Student's Name			Date of Birth
✓ Transcript	of grades		
✓ Standardiz	ed achievement tests		
✓ Attendance	records		
	zed Education Plan (IEP)		
	mmunization records		
✓ Disciplina	ry offenses and actions		
Please check one of the be	low statements:		
This student has no	financial obligations relate	ed to this school.	
This student has a fi	nancial obligation of \$	for	
Please fax or return by ma	il to Tri-State Christian Ad	cademy as soon as	possible. Thank you!
Tri-State Christian Academy A	dministrative Signature		
Parent's/Guardian's Signature to	o release records to Tri-State Cl	hristian Academy	

FORM 4—Emergency Contact Information 2023-2024

Student's Name				DOB		_ Grade
Last		First	Midd	le		
Primary Address		City _		St	ate	Zip
Primary Phone cell	2 ⁿ	d Phone		3 rd Phor	ne	
□ cell	□ landline	□ cell	□ landline	_	□ cell	□ landline
n case there is an emer other than anyone liste	d on the family re	egistration form) to	contact:			•
Name		Relationship		_Phone		
Name		Relationship		_Phone	n cell	□ landline
					□ ceii	i andine
our child if you cannot						□ landline
Address		City			State	Zip
Name		Relationship		Phone		· · · · · · · · · · · · · · · · · · ·
					□ celi	□ landline
Address		City			State	Zip
			, ,,		· AN	
cannot be contacted or if the authorize the school to arr at my expense. I authorize permission for the necessar	ent or serious illnesse situation demands i ange for this student medical personnelty medical/surgery cast permit covering argnature also serves	t to be transported to to perform the nece are. ny and all outings, fiel to indicate my willingr	give permission the closest eme essary care. Or d trips, and ever	to TCA per ergency roo ace admitted nts which m	sonnel to ad m by ambula d to the em by child(ren)	minister first aid. Also ance if necessary an ergency room, I giv may attend during th
medication brought to TCA container. If medication is to must accompany the medic	must be immediately be given on an ext ation. eed for over-the-cour	ended basis, written inter medication (e.g.,	oon entering the permission from Tylenol, Benadr	school build the family o	ding and kep doctor and/o ops, etc.) he	ot in its original labele or the custodial perso of she must bring a no
l,		_, understand TCA wi	II call or text with	n requests t	o give my st	udent any medicatio
Signature of custo	odial person			•	,	•
Best number to call or text f	or medication permi	ssion	· · · · · · · · · · · · · · · · · · ·	F1		
		Pre	fer: 🛮 🗖 c	all	□ text	

FORM 5—Financial Aid Form 2023-2024 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 FOR ALL FAMILIES. 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: Please circle which volunteer services listed below you would be willing to help with: **Consignment Sale** Kitchen (9a-1p) Lawn Care/Maintenance Janitorial (2-3 hrs) Please write a short paragraph on why you want your child(ren) to attend TCA.

FORM 6—Admissions Checklist 2023-2024

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. 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 2023-2024

Per Student for the 2023-2024 Academic Year

Total Tuition Due:

2023-2024	K5 – 11 th Grade	12 th 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 Discount of -\$5,000 will be applied per student for the 2023-2024 academic year based on the information that a family's household income is under \$200,000 with 1 child dependent, or under \$250,000 with 2 child dependents, or under \$300,000 with 3 child dependents, or under \$350,000 with 4 or more child dependents. Families with income greater than those numbers and Pennsylvania families who do no fill out the online FACTS Application will be charged the full \$10,000 tuition.

Tuition Adjustment:	\$		
Total Amount Due:	\$		
Total Fees Due:	\$		
Final Family Total:	\$		
• I understand that if fo	due September 2023 and due at the first of each motts due at the first of each lan of	d January 2024. Onth effective September 20 month effective August 20 ation fees are non-refund	223 through June 2024. 23 through July 2024. able. A (withdrawal, etc.) it is my
Parent/ Guardian's Signature			Date
Parent/ Guardian's Signature			Date

Tri-State Christian Academy 2023-2024 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. 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, 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: \$ January 2024	first payment in September 2023 and s	econd payment in
☐ PLAN 3 Ten payments due at the first 2023 effective through and contact the payments due at the first payment due at	st of each month: \$ a month, beg oncluding in June 202 4	inning in September
☐ PLAN 4 Twelve payments due at the 2023 effective through and c	e first of each month: \$ a month, oncluding in July 2024	beginning in August
☐ PLAN 5 Individualized plan of: \$ through and concluding in	a month, beginning in	effective
My signature below affirms that I have	read, understand, and agree to the above terms	in this Financial Contact.
Student Name(s)		West too
Signature of All Parent's or Legal Guard	dian's Financially Responsible for Student(s)	Date
Signature of All Parent's or Legal Guard	dian's Financially Responsible for Student(s)	Date
TCA Administrative Signature		Date

Tri-State Christian Academy 2023-2024 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

Admission Date

TCA Administrative Enrollment Acceptance Signature