# TRANSITIONAL KINDERGARTEN (TK) – 7<sup>TH</sup> GRADE STUDENT APPLICATION FOR ADMISSIONS 2025-2026

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Student Name		Gender	Birthdate		Grade entering 2025-2026	
Street Address		I	I			
City		State		Zip Code		
Father's (Legal Guardian) Name	E-mail	Phc		Phor	Phone Number	
Mother's (Legal Guardian) Name	E-mail		Phone Number			
How did you hear about Tabernacle of David Christian	n Academy (TD	OCA)?		<u> </u>		
Were you referred by a current TDCA family? YES	NO					
TDCA family who referred you:						
What do you desire your student to gain from attending	ng our school?					
Please list ALL languages spoken in your home. If multiple languages are spoken in your home, which	language was	the prima	ry one your	child l	earned first?	
Is your family a blended family? If so, please tell us the details of the arrangement. Are	e there any cus	todial con	cerns?			
Please list any unusual factors in the student's life (se	vere illness, so	cial/physi	cal trauma, o	death,	etc).	
Is your child on any medication? Has he/she been on	medication pr	eviously? l	Please list m	nedicat	tions below.	



What allergies does your child have? Does he/she suffer from asthma, seizures, etc.? Please share any medical conditions that we should know about.

Please describe your child's character, disposition, & emotional intelligence (awareness of and ability to control one's emotions & handle interpersonal relationships).

Please list any passions/hobbies your child has. What does he/she like? Dislike?

### Academic Information:

How has your child responded to school in the past?

Are there any diagnosed or predicted learning issues?

Does your child have any issues staying on task?

Does your child have an Individualized Education Program (IEP)\* from a previous school? If so, please attach.

Has your child ever suffered from depression or anxiety? If so, please explain.

\*Assessment Records and all documentation for any special needs or abilities must be submitted at the time of enrollment paperwork. TDCA reserves the right to enrollment/reenrollment if the assessment records and documents are not submitted.

TDCA partners with the Pasadena Unified District to support students with special needs. If we feel that TDCA is not able to provide that support or if an evaluation is not submitted to the Pasadena Unified District, we reserve the right to deny enrollment or deny continued enrollment. TDCA Admin will determine if the students' needs are not able to be supported by our Staff, we will dis-enroll the student. If the teacher is not able to sustain support to the student because of the student's special needs, TDCA Admin will convene a meeting with the parent(s) to see if additional support can be provided such as one on one aid or from resources outside of TDCA.

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## Academic History

Please list, in chronological order, all schools attended. Include any homeschooling. Begin with the most recent first and then go back to Kindergarten (or Preschool, if applicable).

School Name and City	Years	Grades

#### Family Information

Please list names and ages of all siblings of applying student:

Father/Legal Guardian: \_\_\_\_\_

Educational background (including any degrees) and occupation:

Please list father's skills and passions:

Mother/Legal Guardian: \_\_\_\_\_

Educational background (including any degrees) and occupation:

Please list mother's skills and passions:



Our school is a Parent Partnership school. How do you feel you can best partner with us in building our school
and investing in our students? Are there any specific skills/gifts that you would like to utilize in serving our
school?

Please tell us which church and/or house of prayer you are currently involved with and how so?

We acknowledge that we have read and agree to the Tabernacle of David Christian Academy's Statement of Faith, Vision & Values and affirm that all statements made in this application are true and accurate.

Signature of Father or Guardian

Signature of Mother or Guardian

Today's Date