

# HOME SCHOOL UMBRELLA PROGRAM



## APPLICATION FOR ADMISSION TUPELO CHRISTIAN PREPARATORY SCHOOL

5440 Endville Road  
Belden, Mississippi 38826  
(662) 844-8604 Fax: (662) 844-8620  
EMAIL: lwhitehead@tcpsteachers.com

### OFFICE USE ONLY

Date Received: _____ Fee(s) Paid: _____	<input type="checkbox"/> Board member/TCPS Employee
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Please print neatly. Application must be completed in full and submitted before your child will be considered for admission. All registration and processing fees must accompany application.

### GENERAL STUDENT INFORMATION

Applicant's full name: \_\_\_\_\_  
*Last First Middle*

Date of birth: \_\_\_\_\_ Email: \_\_\_\_\_ Home phone: \_\_\_\_\_

Sex of applicant: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

Father's/Guardian's full name: \_\_\_\_\_  
*Last First Middle*

Home address: \_\_\_\_\_  
*Street City State Zip*

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
(position)

Business address: \_\_\_\_\_  
*Street City State Zip*

Marital Status:  Married  Separated  Divorced  Widowed

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## PARENT/GUARDIAN INFORMATION

Mother's/Guardian's full name: \_\_\_\_\_  
*Last First Middle*

Home address: \_\_\_\_\_  
*Street City State Zip*

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
(position)

Business address: \_\_\_\_\_  
*Street City State Zip*

Marital Status:     Married     Separated     Divorced     Widowed

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## IN CASE OF EMERGENCY

Person to contact in case of emergency if the person legally responsible cannot be reached:

Name: \_\_\_\_\_ Relation to applicant: \_\_\_\_\_

Home phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to applicant: \_\_\_\_\_

Home phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to applicant: \_\_\_\_\_

Home phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

Name of applicant's physician: \_\_\_\_\_

Address of practice: \_\_\_\_\_

Home phone: \_\_\_\_\_ Office phone: \_\_\_\_\_

Additional comments and information: \_\_\_\_\_

\_\_\_\_\_

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## GENERAL MEDICAL INFORMATION

Please indicate any medical conditions of which the faculty and staff should be aware (e.g., asthma, etc.):

Please list any allergies of which the faculty and staff should be aware:

Does your child have any known handicaps, mental or physical, that would limit his/her participation in our educational program?

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## REFERENCES

Name of church you now attend: \_\_\_\_\_

Pastor's name: \_\_\_\_\_ Office phone: \_\_\_\_\_

Are you a member of this church? \_\_\_\_\_ Do you regularly attend worship services? \_\_\_\_\_

If not, how long have you been attending/visiting this church? \_\_\_\_\_

What church ministries are you currently serving in? \_\_\_\_\_

\_\_\_\_\_

Please list any religious/civic organizations to which you belong: \_\_\_\_\_

\_\_\_\_\_

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## PARENTS' / GUARDIANS CHRISTIAN EXPERIENCE

Father/Guardian: Are you a Christian? \_\_\_\_\_

On what do you base your answer? \_\_\_\_\_

\_\_\_\_\_

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## PARENTS' / GUARDIANS CHRISTIAN EXPERIENCE

Mother/Guardian: Are you a Christian? \_\_\_\_\_

On what do you base your answer? \_\_\_\_\_

\_\_\_\_\_

State your reason(s) for wanting your child to participate in TCPS Home School program.

\_\_\_\_\_

List your top three expectations from the TCPS Home School Program.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In order of importance list what you consider to be the three most vital aspects of your child's education. Be specific:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

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**In consideration of Tupelo Christian Preparatory School accepting my/our child in the program, I/We will accept full financial responsibility for my/our child's tuition, fees, and cost assessed for damage to any school property. It is understood that failure to pay all tuition and fees may result in dismissal until all financial obligations have been met.**

\_\_\_\_\_  
Father's/Guardian's Signature

\_\_\_\_\_  
Mother's/Guardian's Signature

**Please note that this application alone will not secure a place for your child on the waiting pool. The non-refundable application fee must accompany this application.**

TUPELO CHRISTIAN PREPARATORY SCHOOL

Home School  
ENROLLMENT FORM

2008-2009

PLEASE USE BLACK INK

Student Name	Social Security #	School Last Attended prior to Home Schooling	Birthday	Age

**PARENT/GUARDIAN**

	Mother or Guardian	Father or Guardian
<b>Name</b>		
<b>Address</b>		
<b>Home Phone</b>		
<b>Work Phone</b>		
<b>Work Place</b>		
<b>Emergency Person &amp; Phone</b>		
<b>Church Affiliation</b>		
<b>Name of Church You Attend</b>		

\_\_\_\_\_ Date                      Parent/Guardian Signature                      Parent/Guardian Signature

Registration Fee:                      \$50.00 per subject per semester (Grades 7-12) – maximum of three

Amount: \_\_\_\_\_ Date: \_\_\_\_\_ Check #/Cash: \_\_\_\_\_

*Enrollment for new students will only be accepted if all of the following items are included:*

- Registration Fee (full amount)                       Birth Certificate
- Completed Enrollment Form                       Application for Program
- Medical and Permission Release                       Immunization Records & Physical

*Enrollment for returning students will only be accepted if the first two items are included*