



# TDH CHRISTIAN ACADEMY

HOME OF THE EAGLES 2024-2025

**STUDENT FULL NAME:**

**SCHOLARSHIP ID:**

**DATE OF BIRTH**

**SOCIAL SECURITY #**

**GENDER:**

**AGE:**

**ADDRESS - CITY STATE ZIP CODE**

**GRADE LEVEL**

**PREVIOUS SCHOOL**

**RETURNING STUDENT**

YES

NO

**DOES STUDENT HAVE AN IEP**

YES

NO

## PARENT INFORMATION

**Name of parent (guardian)**

**Contact Number**

**Address :**

**Email:**

**Contact Number**

**Name of parent (guardian)**

**Address :**

**Email:**

**EMERGENCY CONTACT**

**PHONE NUMBER**

**APPROVED FOR PICK UP**

Yes

No

Yes

No

**TRANSPORTATION**

BUS

CAR

**PICK UP ADDRESS**

**Parent Signature:**

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