



**Third Street Academy**  
 600 W. Third Street, Greenville, NC, 27834  
 www.thirdstreetec.org; (252)364-2995  
 bethh@thirdstreetec.org



**PRIMARY SCHOOL APPLICATION FOR ENROLLMENT**

**Application Date:** \_\_\_\_\_

**Enrollment Date:** \_\_\_\_\_

**NOTE:** In addition to submitting this application, we also require a **\$20 non-refundable application fee** (make checks out to "Third Street Academy"). Admission of your student is not guaranteed, but will depend on classroom openings, a parent interview with the school principal, a student interview with a teacher to determine academic readiness, and completion of the NC Kindergarten Health Assessment or transfer of previous school records. Third Street Academy admits students of any race, color, and national or ethnic origin. Please drop-off or mail your application to Third Street Academy, 600 Third St. Greenville, NC 27834. *Third Street Academy is a Christian elementary school for boys.*

**CHILD INFORMATION:**

Date of Birth: \_\_\_\_\_

Full Name: \_\_\_\_\_ Last

First Middle Nickname

Child's Physical Address: \_\_\_\_\_

Child's SS# \_\_\_\_\_

**FAMILY INFORMATION:** Child lives with: \_\_\_\_\_

Father/Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address (if different from child's) \_\_\_\_\_ Zip Code \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email: \_\_\_\_\_

Mother/Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address (if different from child's) \_\_\_\_\_ Zip Code \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email: \_\_\_\_\_

**CONTACTS:**

Child will be released only to the parents/guardians listed above. The child can also be released to the following individuals, as authorized by the person who signs this application. In the event of an emergency, if the parents/guardians cannot be reached, the facility has permission to contact the following individuals.

Name	Relationship	Address	Phone Number

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**HEALTH CARE NEEDS:**

*For any child with health care needs such as allergies, asthma, or other chronic conditions that require specialized health services, a medical action plan shall be attached to the application. The medical action plan must be completed by the child's parent or health care professional. Is there a medical action plan attached? Yes\_\_ No\_\_*

List any allergies and the symptoms and type of response required for allergic reactions. \_\_\_\_\_

List any health care needs or concerns, symptoms of and type of response for these health care needs or concerns

*Third Street Academy does not discriminate on the basis of race, color, or national and ethnic origin in administration of its educational programs, admission policies, and financial aid.*



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\_\_\_\_\_

List any fears or unique behavior characteristics the child has \_\_\_\_\_

\_\_\_\_\_

List any types of medication taken for health care needs \_\_\_\_\_

\_\_\_\_\_

Share any other information that has a direct bearing on assuring safe medical treatment for your child \_\_\_\_\_

\_\_\_\_\_

### EMERGENCY MEDICAL CARE INFORMATION:

Name of health care professional \_\_\_\_\_ Office Phone \_\_\_\_\_

Hospital preference \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance Provider \_\_\_\_\_

Insurance Policy Number \_\_\_\_\_

### EMERGENCY MEDICAL CARE AUTHORIZATION:

I, as the parent/guardian, authorize the center to obtain medical attention for my child in an emergency.

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

I, as the Principal, do agree to provide transportation to an appropriate medical resource in the event of emergency. In an emergency, other children in the facility will be supervised by a responsible adult. I will not administer any drug or any medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian.

Signature of Administrator \_\_\_\_\_ Date \_\_\_\_\_

### Additional Student Information

Ethnicity: \_\_ African-American/African \_\_ Caucasian \_\_ Hispanic \_\_ Other: \_\_\_\_\_

Nickname to be used at school \_\_\_\_\_ Date of Birth \_\_\_\_\_

Applying for grade K 1 2 3 starting \_\_\_\_\_ (month and year)

Student's SS# \_\_\_\_\_

#### Check any that apply:

Father Deceased  Mother Deceased  Parents Separated  Parents Divorced  Parents Married

Legal custody of child  Father  Mother  Guardian  Other

Receives mail for child  Father  Mother  Guardian  Other

Financial responsibility of child  Father  Mother  Guardian  Other



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Please share the main reasons for wanting to enroll your child at Third Street Academy:

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How did you hear about Third Street Academy?

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## School Information and Background

School last attended \_\_\_\_\_ Grade \_\_\_\_\_

Has your child ever been retained or passed conditionally? \_\_\_\_\_ If yes, please explain further:

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Does your child have any physical limitations or handicaps we should know about?

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Does your child receive any special services? \_\_\_\_\_ If yes, please explain further; \_\_\_\_\_

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No. of Dependents \_\_\_\_\_ Estimated Annual Household Income \_\_\_\_\_

(Note: This information will be used for planning purposes only. Our mission is to provide an academically rich experience and to serve a diverse community. Family tuition will be discussed at the Parent/Principal interview.)

\_\_\_\_ Yes, I am attaching my \$20 non-refundable application fee.

\_\_\_\_ Signature of Parent or Guardian Date \_\_\_\_\_

## Step 2: Return application and schedule interview with principal and the student assessment

Other Required Documents Needed to complete Application Process:

- Kindergarten Students only: NC Kindergarten Health Assessment
- Copy of Birth Certificate
- TSA Scholarship Application
- Signed Request for Records from current school

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