



# Application for Admission

**Application Fee: \$50**

## Applicant

Date \_\_\_\_\_ Tree of Life Branch \_\_\_\_\_ Grade Entering (K-12) \_\_\_\_\_

Preschool (2 Day) \_\_\_\_\_ Pre K (3 Day) \_\_\_\_\_ Pre K (5 Day) Dublin only \_\_\_\_\_

Student's Name \_\_\_\_\_

First Middle Last

Address \_\_\_\_\_

\_\_\_\_\_

City State Zip Code

Birthdate \_\_\_\_\_ Prefers to be called (If different from given name) \_\_\_\_\_

Is student a U.S. citizen?  Yes  No  If no, what is student's country of citizenship? \_\_\_\_\_

Was student ever enrolled at Tree of Life?  No  Yes If yes, date of enrollment \_\_\_\_\_

Are you applying for siblings at this time?  Yes  No If yes, Indicate Name(s)/Grade(s) \_\_\_\_\_

\_\_\_\_\_

If applicable, name and grade of siblings currently enrolled at TOL: \_\_\_\_\_

\_\_\_\_\_

## Additional Information

Public School District residing in \_\_\_\_\_ School Attending \_\_\_\_\_

Permission granted to contact school?  Yes  No School Ph. # \_\_\_\_\_

Does child have any physical or developmental disabilities?  Yes  No If yes, please explain \_\_\_\_\_

\_\_\_\_\_

Are you planning to apply for the Ohio EdChoice Scholarship?  Yes  No

• If yes, public school assigned to \_\_\_\_\_

**(Please note: Applicant must meet the State of Ohio criteria to qualify)**

**(OVER)**



PLEASE TEAR OFF AND RETURN

# Application for Admission, *continued...*

## Family Information

**Father/Guardian** \_\_\_\_\_  
Last First (Dr./Mr./Rev.)  
Address \_\_\_\_\_  
City State Zip Code  
E-mail Address \_\_\_\_\_  
Phone (Home) \_\_\_\_\_ (Business) \_\_\_\_\_ (Cell) \_\_\_\_\_  
Marital Status:  Married  Single  Divorced  Widowed  Separated  Spouse's Name \_\_\_\_\_  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
TOL Alumni  No  Yes Year of Graduation \_\_\_\_\_ Church Attending \_\_\_\_\_

**Mother/Guardian** \_\_\_\_\_  
Last First (Mrs./Miss./Ms./Dr.)  
Address \_\_\_\_\_  
City State Zip Code  
E-mail Address \_\_\_\_\_  
Phone (Home) \_\_\_\_\_ (Business) \_\_\_\_\_ (Cell) \_\_\_\_\_  
Marital Status:  Married  Single  Divorced  Widowed  Separated  Spouse's Name \_\_\_\_\_  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
TOL Alumni  No  Yes Year of Graduation \_\_\_\_\_ Church Attending \_\_\_\_\_

**If applicable, Court Custody Documentation must be attached.**

By signing below you are indicating that you are in agreement with the Mission, Philosophy, and Vision of Tree of Life Christian Schools with regard to your child's education.

Father/Guardian \_\_\_\_\_ Mother/ Guardian \_\_\_\_\_

\*Return completed form with non-refundable application fee to:  
Tree of Life Christian Schools, 935 Northridge Rd., Columbus, OH 43224, Attn. Registrar

### For Office Use Only:

Date \_\_\_\_\_ Application fee pd. \$ \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_

