



# Tree of Life 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 (Miss/Ms./Mrs./Dr./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 \_\_\_\_\_

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

## Signatures

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 # \_\_\_\_\_