



# The Christian Academy

## Online Course Enrollment Form

Date: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Grade: \_\_\_\_\_ Student Email: \_\_\_\_\_

Student Phone: \_\_\_\_\_

Full name of online course 1: \_\_\_\_\_

Credits: \_\_\_\_\_ Length of course: (circle one) Credit Rec Semester Full Year

Full name of online course 2: \_\_\_\_\_

Credits: \_\_\_\_\_ Length of course: (circle one) Credit Rec Semester Full Year

Credit Recovery	\$450
Semester course...	.....\$500
Full course.....	\$600
(add \$100 for AP course)	
*required textbooks are the responsibility of the student	

By signing below, the parent agrees that the student is permitted to take the above stated course(s). The parent agrees to full payment of said course(s) prior to registration, and that the fees are non-refundable. The parent also agrees to the guidelines set forth on TCA's website regarding online coursework.

Signature of parent: \_\_\_\_\_ Date: \_\_\_\_\_

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

(To be completed by Mr. Skaer)

Date class starts: \_\_\_\_\_

Date class ends: \_\_\_\_\_

Signature of principal: \_\_\_\_\_ Date: \_\_\_\_\_

(To be completed by Mr. Ekeland)

Payment made: \$ \_\_\_\_\_ Date received: \_\_\_\_\_

Signature of counselor: \_\_\_\_\_

Please return form to the Principal's Office.  
Make checks payable to TCA and return check to the Guidance Office.

4301 Chandler Drive, Brookhaven, PA 19015 610-872-7600 [tca-pa.org](http://tca-pa.org)