



Application Form:

Student's Name: _____
Surname First Name Middle Name

Gender: Male or Female

Date of Birth: _____ Home Phone: _____
YYYY MM DD

Home Address: _____

Primary Email for School Use: _____

Father's Name

Mother's Name

Father's Occupation

Mother's Occupation

Father's Place of Employment

Mother's Place of Employment

Father's Work Number/Cell

Mother's Work Number/Cell

Living with the child: Yes or No

Living with the child: Yes or No

Marital Status: _____

Marital Status: _____

Names and Ages of siblings:



Emergency Contact (if parent's cannot be reached)

Name: _____ Phone: _____

Relationship to Student: _____

Medical Information

Doctor's Name: _____ Phone: _____

Please circle the appropriate response below pertaining to your child:

Yes	No	Allergies
Yes	No	Asthma
Yes	No	Hearing Aids
Yes	No	Has injuries requiring medical attention
Yes	No	Medication being taken at home
Yes	No	Has ever taken medication for hyperactivity
Yes	No	Wears a medical alert, bracelet or necklace
Yes	No	Diabetic
Yes	No	Epileptic
Yes	No	Heart Condition
Yes	No	Have any health problems that would interfere with his/her participating in a full physical activity program
Yes	No	Are there any medical needs of which the school should be aware of

If Yes please describe below:

In the event that no one can be contacted, school personnel will admit my child to the hospital if deemed necessary.

Date

Signature of Parent/Guardian



Previous School History:

Last Grade Completed: _____ School Name: _____
(as of June 30th)

Educational Information

Has your child:

- | | | |
|--|-----------|----------|
| 1. Undergone academic or psychological testing? | _____ Yes | _____ No |
| a. Are there identifications or diagnoses that require academic support? | _____ Yes | _____ No |
| b. Does your child currently have an IEP? | _____ Yes | _____ No |
| 2. Taken medication for academic purposes? | _____ Yes | _____ No |
| 3. Been identified as gifted and/or talented? | _____ Yes | _____ No |
| 4. Been diagnosed as having a physical disability? | _____ Yes | _____ No |
| 5. Been diagnosed as having emotional difficulties? | _____ Yes | _____ No |
| 6. Has disciplinary difficulty at school? | _____ Yes | _____ No |
| 7. Been dismissed/suspended from school for disciplinary reasons? | _____ Yes | _____ No |
| 8. Been in any difficulty with civil authorities? | _____ Yes | _____ No |
| 9. Had any involvement with drugs, smoking or alcohol? | _____ Yes | _____ No |
| 10. Does the student have any other problems not listed that may affect attendance or behaviour? | _____ Yes | _____ No |

Please explain if you answered "Yes" to any of the questions (use back if necessary):



Church Affiliation:

Name of Church: _____ Pastor's Name: _____

Are you members? _____

Attendance: _____ weekly or more _____ bi-weekly _____ monthly _____ occasional

Are you a born-again Christian? Father: _____ Mother: _____

Has your child asked Jesus to be his/her personal Saviour? _____

State briefly your reason for wanting your child(ren) enrolled in DCA:

In what organizations (clubs, lessons, sports) is your child involved in?

Please state your child's interests, skills or hobbies:

I certify that the information provided on this application form is accurate and I understand that I am responsible to keep the school notified of any changes in the above information.

Date

Signature of Parent/Guardian