



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:

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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):

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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:

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

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

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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