

OTHER CHILDREN UNDER 18 YEARS OF AGE LIVING WITH FAMILY

Name	Age	School Attending	Grade	Do you plan to enroll these children? (yes, no, maybe)
------	-----	---------------------	-------	---

SCHOOL

Does your child have any diagnosed/documentated learning difficulties? Yes* No

*If yes, please comment on the diagnosis, date of documentation, and treatment:

***Note: Medication or educational documentation must be provided.**

Please see handbook for details about our policy on medication and documented learning differences.

Does your child require any special accommodations for a learning disability, developmental delay, physical disability, etc.? Yes No

If yes, please comment: _____

Other than as noted above, has your child demonstrated problems with reading comprehension, attention/focus, social skills, organization, memorization, or doing homework? Yes No If yes, please comment:

Does your child take any medications regularly that influence behavior or learning during school?

Yes No If yes, please comment: _____

Has your child ever been retained a grade level, suspended, expelled, or asked to withdraw from a school?

Yes No If yes, please comment: _____

Is your child presently in good standing (eligible for re-admission) with the school he/she last attended?

Yes No If no, please comment: _____

Are any financial or other obligations still owed to a previous school? Yes No If yes, please comment: _____

Does your child want to attend DCA? Yes No If no, please comment as to why not: _____

Do you agree as parent(s) to support all of the policies and standards of DCA as long as your child is enrolled here? Yes* No Comments: _____

*** Please carefully read through the Parent/Student Handbook on the DCA website
www.dayspringag.org**

*** Having a Christian testimony/background does not automatically guarantee admission**

*** A lack of a Christian testimony/background does not automatically disqualify a family from admission into DCA**

*** Each family will be given prayerful consideration for admittance**

CHRISTIAN BACKGROUND

Personal Testimony Parents: On the form provided, please give your personal Christian testimony of a salvation experience, as applicable.

DCA I have read, understood, and agree to abide by the school's Positional Foundation.

Positional

Foundation Yes No Father Signature: _____

Yes No Mother Signature: _____

Church What is your denominational preference? _____

Name of your current local church affiliation: _____

Name of the Senior Pastor _____ Phone number _____

Does your family support the local church you attend? (attendance, membership, finances, etc.)

Yes No If not, please explain:

In what church activities are your family involved in, and to what degree of regularity?

Please be specific: _____

FAMILY

Are you presently experiencing any difficulty managing your child at home? Yes No

If yes, please comment: _____

What restrictions do you place on your child, socially and at home? _____

Please describe the multi-media influences in your home. (TV, internet, cell phones, etc.) Include the amount of time your child spends on each item.

Please place a check mark beside any of the following that apply to your child:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Hyperactivity | <input type="checkbox"/> Vulgar Speech | <input type="checkbox"/> Violent Behavior | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Tantrums | <input type="checkbox"/> Frequent Headaches | <input type="checkbox"/> Aggressive Behavior | <input type="checkbox"/> Nervousness |
| <input type="checkbox"/> ADD | <input type="checkbox"/> ADHD | <input type="checkbox"/> Dishonesty | <input type="checkbox"/> Disrespectful Attitude |

Please explain any that were checked:

Describe your child's creative activities. (musical, artistic, literary, etc.):

Dayspring Christian Academy PASTOR REFERENCE FORM

Name of Church: _____ Phone: _____

Address: _____

Pastor's Name: _____ E-mail: _____

Name of Pastor/Church Leader Giving Reference: _____

Individual's Position: _____ E-mail: _____

Your insight and knowledge of this student and family can assist us in determining his/her potential for success at Dayspring Christian Academy. _____ is applying for admission to DCA.

(Student's full name)

All information will be kept in strict confidence. Please return this form directly to:

Dayspring Christian Academy * 1052 Newport Ave. South Attleboro, MA 02703 * Fax: (508) 761-3577

<i>Please check the box that most applies</i>	<i>Always</i>	<i>Usually</i>	<i>Sometimes</i>	<i>Never</i>	<i>Unknown</i>
Student regularly attends worship services, Sunday School, children's programs, etc.					
Student demonstrates a biblical worldview, spiritual awareness, etc,					
Is there an apparent worldly influence in the student's life?					
Does the student exhibit rebellious or unruly behavior?					
Would you recommend the student to attend a Christian school?					

<i>Please check the box that most applies</i>	<i>Always</i>	<i>Usually</i>	<i>Sometimes</i>	<i>Never</i>	<i>Unknown</i>
Family regularly attends worship services, Sunday School, other church programs, etc.					
Parents actively support the church and its ministries					
Parents demonstrate a biblical worldview in the decision making process					
Is there an apparent worldly influence in the life of the parents/family?					
Would you recommend this family to any other churches?					

How long have you known this student? _____

How long have you known the student's family? _____

Do you see the child being a positive Christian influence here at DCA? ____ Yes ____ No ____ Unknown

Do you see the family being supportive of the school? ____ Yes ____ No ____ Unknown

I ____ would ____ would not recommend this student for enrollment in Dayspring Christian Academy.

May DCA contact you for further explanation or with any additional questions concerning the child and or his/her family? ____ Yes ____ No

SIGNATURE: _____ DATE: _____

CLASSROOM TEACHER RECOMMENDATION FORM PRE-SCHOOL

School: _____ Teacher: _____

_____ is applying for admission to Dayspring Christian Academy.
(Student's full name)

Your knowledge of this child's preparedness will assist us in determining his/her potential for success at DCA. All information will be kept in strict confidence. Please return this form directly to:

Dayspring Christian Academy * 1052 Newport Ave. South Attleboro, MA 02703 * Fax: (508) 761-3577

Please check the level of mastery the student has achieved in each of the following skill areas.

	Always	Usually	Sometimes	Never	N/A
Transitions between activities well	_____	_____	_____	_____	_____
Identification of numbers/letters	_____	_____	_____	_____	_____
Recognizes his/her own name	_____	_____	_____	_____	_____
Completes tasks independently	_____	_____	_____	_____	_____
Demonstrates fine motor skills	_____	_____	_____	_____	_____
Responds well to instruction	_____	_____	_____	_____	_____
Able to sit and listen to a story	_____	_____	_____	_____	_____
Sustains adequate attention during learning activities	_____	_____	_____	_____	_____
Is understanding of rules and routines	_____	_____	_____	_____	_____
Can work independently	_____	_____	_____	_____	_____
Responds adequately to a structured daily routine	_____	_____	_____	_____	_____
Responds adequately to verbal directions	_____	_____	_____	_____	_____
Responds adequately to non-verbal directions	_____	_____	_____	_____	_____
Copes adequately with auditory distractions	_____	_____	_____	_____	_____
Copes adequately with visual distractions	_____	_____	_____	_____	_____
Exhibits age-appropriate activity level	_____	_____	_____	_____	_____
Asks for assistance when needed	_____	_____	_____	_____	_____
Exhibits a positive attitude	_____	_____	_____	_____	_____
Possesses adequate age-appropriate social skills	_____	_____	_____	_____	_____
Works well in a small group situation	_____	_____	_____	_____	_____
Demonstrates empathy/caring for others	_____	_____	_____	_____	_____
Demonstrates body and spatial awareness	_____	_____	_____	_____	_____
Can clearly express feelings, needs, and opinions	_____	_____	_____	_____	_____
Responds well to correction	_____	_____	_____	_____	_____
Is able to take turns	_____	_____	_____	_____	_____
Rushes through seated classwork	_____	_____	_____	_____	_____
Requires excessive attention from teacher	_____	_____	_____	_____	_____
Requires excessive attention from peers	_____	_____	_____	_____	_____

How long have you known this student? _____

Are the parents supportive? _____ Yes _____ No _____ Unknown

Summarize any additional thoughts, observations, or comments about the student's behavior and academic ability. _____

I _____ would _____ would not recommend this student for enrollment to Dayspring Christian Academy.

SIGNATURE: _____ DATE: _____



Authorization For Release Of Records

School Name: _____

School Address: _____

Street

City

State

Zip

School Telephone # (____) _____ Fax # (____) _____

The following student is applying to Dayspring Christian Academy. Please send ALL of the following records:

_____ All Academic Records / Transcript

_____ Explanation of Grading System / School Profile

_____ All Discipline Information

_____ Discipline Records are attached

_____ There are no Discipline Records on file for this student _____

(Principal's signature)

_____ Evaluative Records (Achievement testing, Psychological or other learning disability test results)

_____ Attendance Records

_____ Immunization / Health Records

Student's Name: _____

Student's Address: _____

Street

City

State

Zip

Student's Birth Date: _____ Social Security #: _____

I hereby authorize the release of ALL requested records to Dayspring Christian Academy.

Signature of Parent/Legal Guardian

Date

Please fax or mail copies of all requested records to:

Dayspring Christian Academy

1052 Newport Ave.

South Attleboro, MA 02703

Phone: 508-761-5552

Fax: 508-761-3577

Thank you for your cooperation in this matter!