

PLEASE  
ATTACH  
RECENT  
PHOTO



# DAYSPRING

CHRISTIAN ACADEMY

*Office Use Only*

Date of Application \_\_\_\_\_

Application Fee \_\_\_\_\_

Interviewed: Yes \_\_\_ NO \_\_\_

Accepted: Yes \_\_\_ NO \_\_\_

## ELEMENTARY Application for School Year 2020-2021

Please circle grade: Kindergarten 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup>

Student's Legal Name \_\_\_\_\_  
first middle last

Address \_\_\_\_\_  
street city state zip code

Phone (\_\_\_\_) \_\_\_\_\_ Sex \_\_\_\_ Date of Birth \_\_\_\_\_ Social Security \_\_\_\_\_

Current School \_\_\_\_\_

Address \_\_\_\_\_  
street city state zip code

How did you hear about DCA? Friend  Newspaper  Sign  Church  Website  Other

Did someone from DCA refer you? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, who? \_\_\_\_\_

### FATHER / STEP-FATHER / GUARDIAN (please circle)

Name \_\_\_\_\_ Living with child? \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_

### MOTHER / STEP-MOTHER / GUARDIAN (please circle)

Name \_\_\_\_\_ Living with child? \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_

**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)
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**SCHOOL**

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

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

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**\*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: \_\_\_\_\_

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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:

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

Yes  No If yes, please comment: \_\_\_\_\_

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

Yes  No If yes, please comment: \_\_\_\_\_

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

Yes  No If no, please comment: \_\_\_\_\_

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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](http://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 Positional Foundation** I have read, understood, and agree to abide by the school's 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: \_\_\_\_\_

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

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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.

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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:

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

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## 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, childrens 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

## ELEMENTARY 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 from subject to subject well	_____	_____	_____	_____	_____
Completes in-class assignments	_____	_____	_____	_____	_____
Begins a task within an acceptable period of time	_____	_____	_____	_____	_____
Completes tasks independently	_____	_____	_____	_____	_____
Follows written directions	_____	_____	_____	_____	_____
Follows verbal directions	_____	_____	_____	_____	_____
Completes work commensurate with his/her abilities	_____	_____	_____	_____	_____
Exhibits good work habits	_____	_____	_____	_____	_____
Has a good attendance habit	_____	_____	_____	_____	_____
Sustains adequate attention in class and on assignments	_____	_____	_____	_____	_____
Is flexible and manages changes in a 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	_____	_____	_____	_____	_____
Respects the rights of others	_____	_____	_____	_____	_____
Habitually violates others' personal space	_____	_____	_____	_____	_____
Manages frustration and anger appropriately for age	_____	_____	_____	_____	_____
Responds well to correction	_____	_____	_____	_____	_____
Is able to take turns	_____	_____	_____	_____	_____
Rushes through in-class work	_____	_____	_____	_____	_____
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!*