

PLEASE
ATTACH
RECENT
PHOTO

Office Use Only
Date of Application _____
Application Fee _____
Interviewed: Yes ___ NO ___
Accepted: Yes ___ NO ___



DAYSPRING

CHRISTIAN ACADEMY

ELEMENTARY Application for School Year 2017-2018

Please circle grade: **Pre-K3** **Pre-K4** **Kindergarten** **1st** **2nd** **3rd** **4th** **5th**

If enrolling for Pre-K3 or Pre-K4, please indicate which of the following options you are interested in.
3 days (M,W,F): ___ ½ Day ___ Full Day **OR** 5days: ___ ½ Day ___ Full Day

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 Other

Did a family member or friend from Dayspring Christian Academy 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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Please make a full statement as to why you want to enroll your child at DCA:

SCHOOL

How and why do you believe your child would be an asset to DCA and its student body?

Check at what level your child is working. Honors or Gifted/Talented) _____
Above grade level _____ At grade level _____ Below grade level _____

Does your child have any diagnosed/documented 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 no, please comment: _____

Have you given a reference form to a previous classroom teacher to be sent to DCA? Yes No

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
- * 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 Father: On the form provided, please give your personal Christian testimony of a salvation experience, as applicable.

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

Bible

Do you believe the Bible to be the ONLY inspired and infallible Word of God, our final authority in all matters of faith, truth and conduct?

____ Yes ____ No Signature: _____
Father

____ Yes ____ No Signature: _____
Mother

**DCA
Positional
Foundation**

Please carefully read the DCA Positional Foundation and indicate below your degree of support.

____ I fully support the DCA Positional Foundation as written without mental reservations.

____ I support the DCA Positional Foundation except for the area(s) listed and explained on a separate paper. The exceptions represent either disagreements or items for which I have not yet formed an opinion or conviction.

Signature: _____
Father

Signature: _____
Mother

Church

What is your denominational preference? _____

Name of your current local church affiliation: _____

Name of the Senior Pastor _____ Phone number _____

Are you presently an active member in good standing and regularly attending a local church?

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

____ Yes ____ No If not, please explain:

Father: ____ Yes, for ____ years ____ No

Mother: ____ Yes, for ____ years ____ No

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

Please be specific: _____

**Devotional
Life**

Please describe your family's Bible study and prayer life: _____

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, 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!