

PLEASE  
ATTACH  
RECENT  
PHOTO



*Office Use Only*

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

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

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

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

# DAYSPRING

CHRISTIAN ACADEMY

## HIGH SCHOOL Application for School Year 2017-2018

Please circle grade: 9<sup>th</sup> 10<sup>th</sup> 11<sup>th</sup> 12<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  Other

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

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

Name \_\_\_\_\_ Living with student? \_\_\_\_\_

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

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

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

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

Name \_\_\_\_\_ Living with student? \_\_\_\_\_

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)

Please make a full statement as to why you want to enroll your student at DCA High School.

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**SCHOOL**

Why is your student being withdrawn from his or her current school?

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

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Does your student 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 student require any special accommodations for a learning or physical disability, developmental delay, etc.?  
\_\_\_\_ Yes \_\_\_\_ No If yes, please comment: \_\_\_\_\_

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Other than as noted above, has your student 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 student take any medications regularly that influence behavior or learning during school?

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

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Has your student 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 student presently 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 no, please comment:

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

Does your student want to attend DCA?  Yes  No If no, please comment as to why not: \_\_\_\_\_

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Do you agree, as parent(s), to support all of the policies and standards of DCA as long as your student is enrolled?

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 attend and financially support the local church you attend?    \_\_\_\_ Yes    \_\_\_\_ No

If not, please explain: \_\_\_\_\_  
\_\_\_\_\_

Father:    \_\_\_\_ Yes, for \_\_\_\_ years    \_\_\_\_ No  
Mother:    \_\_\_\_ Yes, for \_\_\_\_ years    \_\_\_\_ No  
Student:    \_\_\_\_ Yes, for \_\_\_\_ years    \_\_\_\_ No

In what church activities are your family involved in? 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 student at home? \_\_\_\_ Yes \_\_\_\_ No

If yes, please comment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

- |               |                          |                            |                             |
|---------------|--------------------------|----------------------------|-----------------------------|
| ____ Truancy  | ____ Vulgar Speech       | ____ Violent or Aggressive | ____ Disrespectful Attitude |
| ____ Seizures | ____ Substance Use/Abuse | ____ Depression            | ____ Nervousness            |
| ____ ADD      | ____ ADHD                | ____ Dishonesty            | ____ Other                  |

Please explain any that were checked:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe your student's creative activities. (musical, artistic, literary, etc.):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there any other pertinent information about you student that needs to be addressed?  
\_\_\_\_\_  
\_\_\_\_\_

**QUESTIONNAIRE FOR THE STUDENT: (Must be filled out truthfully by student, in own handwriting.)**

Do you want to attend DCA? \_\_\_ Yes \_\_\_ No If no, please explain why you do not want to attend DCA.

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Do you feel you would be an asset to this school? \_\_\_ Yes \_\_\_ No If yes, please explain why: \_\_\_\_\_

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How do you feel about wearing a uniform? \_\_\_\_\_

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What grades do you expect to make at DCA? Math \_\_\_ Science \_\_\_ Literature \_\_\_ Bible \_\_\_ English \_\_\_ History \_\_\_

Are you willing to abide by the Student Code of Conduct and policies of this school? \_\_\_ Yes \_\_\_ No

Are you willing to uphold the moral standards of this school? \_\_\_ Yes \_\_\_ No

Will you agree to speak well of this school as long as you attend? \_\_\_ Yes \_\_\_ No

Do you understand that failure to abide by DCA policies and procedures and or failure to maintain satisfactory academic progress may result in your dismissal from this school? \_\_\_ Yes \_\_\_ No

How many hours per day do you spend on homework? \_\_\_\_\_

Have you ever attended summer school? \_\_\_ Yes \_\_\_ No If yes, in what subject? \_\_\_\_\_

Have you had in your possession or used any of the following: \_\_\_ Yes \_\_\_ No

\_\_\_ Alcohol \_\_\_ Illegal drugs \_\_\_ Cigarettes \_\_\_ Tobacco \_\_\_ Pornography (print, movie, internet, video games)

If yes, please explain: \_\_\_\_\_

Have any of the following applied to you? \_\_\_ Truancy \_\_\_ Runaway \_\_\_ Been Arrested \_\_\_ Charged with a crime

\_\_\_ Tried in a juvenile court \_\_\_ Placed in Juvenile Detention \_\_\_ Been Expelled \_\_\_ Been Suspended

If yes, please explain: \_\_\_\_\_

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Do you consider yourself to be a born-again Christian? \_\_\_ Yes \_\_\_ No If no, please explain your answer.

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Are you an active member in a church? \_\_\_ Yes \_\_\_ No Name of Church: \_\_\_\_\_

How often do you attend church? \_\_\_\_\_

Do your parents attend church with you? \_\_\_ Yes \_\_\_ No

Describe your areas of interest and/or involvement in church. \_\_\_\_\_

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Describe your prayer and devotional/Bible study time: \_\_\_\_\_

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Are most of your friends Christian or Non-Christian? \_\_\_\_\_

Describe your creative activities/hobbies (musical, artistic, literary, dramatic). \_\_\_\_\_

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Describe your athletic interests and activities. \_\_\_\_\_

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Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***PARENTS: I have read the student questionnaire and agree with my student's answers.***

Father's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 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 regarding the student and or his/her family? \_\_\_\_ Yes \_\_\_\_ No

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



# CLASSROOM TEACHER RECOMMENDATION FORM

## HIGH SCHOOL (Attending or entering high school)

School: \_\_\_\_\_ Teacher: \_\_\_\_\_

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

Your knowledge of this student'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 situations	_____	_____	_____	_____	_____
Respects the rights of others	_____	_____	_____	_____	_____
Maintains a positive attitude	_____	_____	_____	_____	_____
Manages frustration and anger appropriately for age	_____	_____	_____	_____	_____
Responds well to correction	_____	_____	_____	_____	_____
Is emotionally stable	_____	_____	_____	_____	_____
Rushes through in-class work	_____	_____	_____	_____	_____
Is respectful towards adults	_____	_____	_____	_____	_____
Is respectful towards 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!*